



# NYC DRUG DISCOVERY: An Educational Course on Translating Research into Drugs

## REGISTRATION

February 12, 2016 • New York City

**REGISTRATION FOR THE CONFERENCE INCLUDES:**

- Access to the conference sessions
- Program book
- Continental breakfast and lunch
- Coffee breaks

\* Proof of academic status is required; please submit copy of student ID

\*\* A start-up biotechnology company is defined as an organization less than three years old and with 20 or fewer employees. All such registrations require prior approval from the Conference Secretariat.

\*\*\* Guest access to the two receptions only (guest must be accompanied by the registrant).

\*\*\*\* Proof of affiliation will be required prior to the event.

**SINGLE REGISTRATION**

(all fees in US Dollars)

**STANDARD**

Post-Doctoral / Graduate Student*	\$20
Academia / Government / Non-Profit Organization or Start-up Biotechnology Company**	\$20
Industry and Private Practice	\$20
<b>TOTAL AMOUNT DUE \$</b>	

**Only Onsite Registrations Are Available.**

Please bring completed form to the conference venue

Apella Event Space at Alexandria Center  
450 East 29th Street, 2nd Floor  
New York, NY 10016—USA

**CHANGES TO THE PROGRAM:**

Although great care has been taken in preparing and updating the meeting program, the organizers cannot be held responsible or accept any liability for inaccuracies or omissions and cannot be held responsible for any damage, loss or costs resulting from the compiled information.

**LIABILITY:**

The meeting organizers and the secretariat will not accept liability for any personal injury, damage or loss that may occur during or directly arising from this meeting. In addition, the meeting organizers reserve the right to change the contents, venue and/or time as necessary.

### REGISTRANT INFORMATION

**REGISTRANT 1 (all fields marked \* are required)**

Registrant's First Name\* \_\_\_\_\_ Registrant's Last Name\* \_\_\_\_\_ Registrant's Middle Initial \_\_\_\_\_

Registrant's Name (as it should appear on the badge)\* \_\_\_\_\_ Suffix\* (PhD, MD, MD/PhD, MS, etc.) \_\_\_\_\_

Registrant's Organization\* \_\_\_\_\_ Registrant's Department \_\_\_\_\_

Registrant's Address\* \_\_\_\_\_

Registrant's City, State/Province, Zip Code\* \_\_\_\_\_ Registrant's Country\* \_\_\_\_\_

Registrant's Email Address\* \_\_\_\_\_ Registrant's Telephone\* \_\_\_\_\_

Special Requirements (accessibility, TDD, diet, etc.) \_\_\_\_\_

**REGISTRANT 2**

Registrant's Name (as it should appear on the badge) \_\_\_\_\_ Registrant's Position/Title \_\_\_\_\_

Registrant's Organization \_\_\_\_\_ Registrant's Department \_\_\_\_\_

Registrant's Email Address \_\_\_\_\_ Registrant's Telephone \_\_\_\_\_

Special Requirements (accessibility, TDD, diet, etc.) \_\_\_\_\_

**RECEPTION GUEST**

Guest's Name (as it should appear on the badge) \_\_\_\_\_

### METHOD OF PAYMENT

- Check** payable to Alzheimer's Drug Discovery Foundation (checks should be drawn ONLY on a US bank)  Visa  Discover  MasterCard  AmEx

Name as it appears on the Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Billing Address (if different from above) \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Address (cont.) \_\_\_\_\_

Security Code (last 3 digits on the back of your card if Visa/MC/D, 4 digits on the front of your card if AmEx) \_\_\_\_\_ City/State or Province/Zip Code or Postal Code \_\_\_\_\_

Signature \_\_\_\_\_ Country \_\_\_\_\_

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Questions about registration should be addressed to:

**Sara Classen**

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