International Mind, Brain, and Education Society
Second Biennial Conference
May 28–30, 2009
The Sheraton Society Hill
Philadelphia, Pennsylvania, USA

REGISTRATION FORM

Name _____

Affiliation for badge (school/company; department; city, state, country):

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Complete mailing address:

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Phone: _____ Fax: _____

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		BEFORE 4/28/09	AFTER 4/28/09
FEES:	IMBES MEMBER:	□ $195	□ $230
	NONMEMBER:	□ $295	□ $330
	OPTIONAL SHORT COURSE:	□ $80	

PAYMENT ENCLOSED: $_____

□ check in US funds payable to IMBES

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Expiration date: _____

Signature _____

Mail completed form to: IMBES Conference
2303 Naples Court
Champaign, IL 61822-3510

OR Fax completed form to: 217-355-9232

OR register online at www.imbes.org/conference.html

Cancellations: A handling fee of $50 will be deducted from refunds for cancellations that are received by mail or fax or e-mail to jfetzner@illinois.edu by May 14, 2009, 5pm CST. No refunds will be issued after that date.