

***REGISTRATION & ROOM***

***RESERVATION***

***13th International Conference on***

***Brain Energy Metabolism***

***March 7-10, 2018***

Av. Arturo Prat 514, Valdivia, 5110466, Phone: (56) 63-2234503 Fax: (56) 63-2234517 www. <http://cecs.cl/icbem/>

**HOW TO REGISTER**

Please email this form to Ms. Loreto Fernandez at [ICBEM@cecs.cl](mailto:ICBEM@cecs.cl)

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Note that because of conference size limitations, registrations will be received on a FIRST-COME FIRST-SERVED basis

until registration of 105 participants or until Friday November 3rd 2017.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL DETAILS** Please print clearly.

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr. Mr. Ms.

University or work affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of guest\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION FEE** The meeting registration fee is US$ 880 for participants, US$280 for guests over age 14, and US$ 620 for students. All costs are per person and include conference registration, 4 nights hotel accommodation, opening reception, most meals, an excursion to a temperate forest reserve, boat trip and farewell dinner. Guest have access to all activities except scientific sessions.

Registration Fees

Meeting Participant US$ 880 $\_\_\_\_\_\_\_\_\_\_\_\_

Adult Guest US$ 280 $\_\_\_\_\_\_\_\_\_\_\_\_

Student US$ 620 $\_\_\_\_\_\_\_\_\_\_\_\_

Total $\_\_\_\_\_\_\_\_\_\_\_\_

Special requests: Vegetarian Gluten-Free Child care other (please specify)

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Please return this completed form labelled with your name (e.g. SmithMary.pdf) to Ms. Loreto Fernandez at [ICBEM@cecs.cl](mailto:ICBEM@cecs.cl) Instructions will then be emailed to you for payment through a secure commercial credit card server or, alternatively, through wire transfer.

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