

The 3rd Canadian Epilepsy Research Initiative Retreat

October 3-5, 2008

Oakwood Resort, Golf, Spa & Conference Centre

Grand Bend, Ontario, Canada



REGISTRATION FORM – Deadline July 2, 2008

Title: _____ Name: _____

Department: _____

Address _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Country: _____ E-mail address: _____

Telephone (area code): _____ Fax (area code) : _____

Presenting a poster? Yes _____ No _____

Special Meal Requirements? _____

REGISTRATION FEES/ROOM RESERVATIONS

Student/Post-doctoral trainee: *\$75 CAD*

Faculty: *\$150 CAD*

Supervisor Name: _____

Supervisor Signature: _____

Principal Investigator: _____

Room Reservations Contact: oakwoodinnresort.com or (800) 387-2324

Rate: \$214.00 per night, single occupancy, \$154.00 per night, double occupancy
(includes all breakfast, lunch, dinner and breaks)

Please print and Fax Registration/Payment to:

Deborah Andersen, CERI Coordinator, FAX Number: 519-663-3066

PAYMENT: by Credit Card

Please Indicate whether VISA____ or M/C _____ AMOUNT: _____

Name on Credit Card _____

Credit Card Number _____ Expiry Date: _____

Payment can also be made by Cheque to:

Attn: Deborah Andersen, CERI Coordinator,
Robarts Research Institute, 100 Perth Drive, London, ON N6A 5K8