



Participant name \_\_\_\_\_

GAIT 2010

**Professional role**

- Clinical practitioner  Clinician researcher  Basic science Researcher  Epidemiology/ Statistics  Student  Nurse/ Healthcare Practitioner
- Health administrator  Industry/ Corporate Professional  Resident/Research Fellow  Other - please specify \_\_\_\_\_

**Institution type**

- University  Hospital  University Hospital  Comprehensive Care Clinic  Private Practice  Laboratory  Research Institute
- Government Agency  Industry  Press  Other - please specify \_\_\_\_\_

**Expertise (Please select one)**

- Neurology  Geriatrics/Gerontology  Physical Medicine and Rehabilitation  Psychiatry  Psychology  Neuroscience
- Bioengineering  Other - please specify \_\_\_\_\_

**Interest (Please select up to two)**

- Aging  Assistive technologies  Autonomic Nervous System  Behavioral neurology  Biomechanics  Biotechnology
- Dementia  Central Nervous System  Cerebrovascular disease  CNS  Cognitive Neurology  Gait analysis
- Geriatric aspects  Muscle Disorders  Neuroimaging  Neurological aspects  Neuropathic pain  Neuropsychology
- Neurorehabilitation  Physiotherapy  Non-dementing degenerative disorders  Parkinson's Disease and other Movement disorders  Other - please specify \_\_\_\_\_

**ACCOMMODATION (Rates are exclusive breakfast and of appropriate state and local taxes, fees and assessments, currently 14.5% and subject to change)**

Hotel	Category	Single room	Double room
Omni Shoreham Hotel	First Class	<input type="checkbox"/> USD 233	<input type="checkbox"/> USD 233

**RESERVATION:**

Reservations will only be confirmed if credit card details are fully supplied; alternatively, please forward a deposit of 1 night payment per room in order to guarantee your accommodation. Each participant will receive an individual confirmation, indicating the name and address of the hotel. The booking will be final upon receipt of the corresponding deposit.

Type of room required  Single  Double\*  Other

\_\_\_\_\_

Check- in Date \_\_\_\_\_ Check -Out Date \_\_\_\_\_ Total night/s \_\_\_\_\_

\* I will share my accommodation with: \_\_\_\_\_  
Family name First Name

**PAYMENT**

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send the fully completed form together with your payment:

Registration Fees USD \_\_\_\_\_

Deposit for hotel accommodation USD \_\_\_\_\_ (1 night payment)

**Total:** USD \_\_\_\_\_

**Option 1: Credit Card:**  Visa  MasterCard  Diners  American Express

\_\_\_\_\_ Expiry Date (month/year)

Number \_\_\_\_\_ Name as shown on card: \_\_\_\_\_

**Option 2: Bank Transfer** - with your name and address indicated on the reverse. If payment is made for more than one person or by a company, please make sure all names are indicated and send fully completed Registration and Accommodation Forms together with a copy of the bank transfer. Please make drafts payable to:

**Account Name:** Kenes International - GAIT 2010. **Bank details:** Credit Suisse Geneva, 1211 Geneva 70, Switzerland.  
**Bank Code:** 4835 **Swift No:** CRESCHZZ12A **Account Number:** 693980-52-210 **IBAN No:** CH28 0483 5069 3980 52210

Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

**CANCELLATION POLICY – REGISTRATION**

All cancellations should be faxed, electronically mailed or post-marked:  
\*Cancellations received up to November 26, 2009 – full refund less USD 35 handling fee  
\*Cancellations received up to December 26, 2009 – 50% will be refunded  
\*After December 26, 2009 – no refunds will be made

**CANCELLATION POLICY – HOTEL ACCOMMODATION**

All changes/cancellations must be received in writing by fax or email to Kenes international. Please do not contact the hotel directly.  
\*Cancelations/changes received until December 18, 2009: full refund less USD 35 handling fee  
\*Cancelations/changes received between December 19, 2009 – February 1, 2010: 1 night cancellation/change charge  
\*Cancelations/changes received after February 2, 2010: no refund will be made  
In the event of non-arrival, the hotel will automatically release the reservation and full payment will be non-refundable.  
Late arrival /early departure fee - If you arrive later or leave earlier than on the dates of your confirmed booking, the total accommodation amount will be charged and no refunds will be made.

Date \_\_\_\_\_ Signature \_\_\_\_\_

By signing this Form you authorize KENES INTERNATIONAL to charge the above credit card for the balance of your account 3 weeks prior to your arrival for services ordered.