

# 6TH INTERNATIONAL CONFERENCE ON HHV-6 & 7 REGISTRATION FORM

We prefer online registration. However, if you are not able to complete the registration form online, please complete this form and mail or fax back to the Foundation. Please fax registration form to: 1-800-645-6950 (USA) or 1-805-695-8465 (International) or send via mail to: Laura Hruska, 277 San Ysidro Road, Santa Barbara, CA 93108, USA  
All information is used by the HHV-6 Foundation only and will be held in strict confidence.

## CONTACT INFORMATION

Salutation (check one):  Dr.  Mr.  Mrs.  Ms.

First Name	Last Name	Nickname (for Badge)	
Degree	Title/Position	Department	
Street Address			
City	State/Province	Zip/Postal Code	Country
Email Address	Phone (Office)	Phone (Mobile)	

CONFERENCE RATES (Check the rates that apply.) Includes 3-day seminar, 3 lunches, 2 receptions and gala dinner.

### Select One Option

- Non-Profit / Academic Rate \$650 US  
 Standard / Corporate Rate \$850 US  
 Developing Country Rate \$375 US  
 Trainee Rate\* ( Post-Doc, Fellow) \$375 US

\*Trainees must send or fax a letter from department head to Secretariat at (+1) 805-695-845 by April 14, 2008 confirming eligibility for training rate.

MEAL PREFERENCE For Gala Dinner/Outing (check one):  Chicken  Fish  Special Diet [If Special Diet:  Kosher  Milk Free  Vegetarian  Other]

OPTIONAL: Dinner Outing with Entertainment Includes transportation

Per # \_\_\_\_\_ person(s) \$85 US

OPTIONAL: SATELLITE CONFERENCE ON VIRUSES IN CNS Starts Sunday 6/22-Monday 6/23 (includes dinner Sunday and lunch on Monday)

Price for those attending main conference \$125

Price for those NOT attending main conference

*Includes lunch and dinner Sunday, lunch Monday; attendees are welcome to attend Sunday AM sessions on HHV-6 in CNS disease*

Non profit/ academic rate \$220  Corporate/ regular rate \$285

### OPTIONAL: ACCOMPANYING PERSON

Please note that there will be daily excursions including lunch for accompanying persons, which will be available at cost. Details will be sent to you in May, 2008. This fee includes two cocktail receptions and the gala dinner. Breakfast is included in the hotel fee.

Name of accompanying person(s)

Per # _____ Accompanying person(s)	\$130 US	# _____ Dinner Outing with Entertainment	\$85 US
# _____ Lunch – Friday, June 20	\$30 US	# _____ Lunch – Sunday, June 22	\$30 US
# _____ Lunch – Sunday, June 21	\$30 US		

MEAL PREFERENCE: For Gala Dinner/Outing (check one):  Chicken  Fish  Special Diet [If Special Diet:  Kosher  Milk Free  Vegetarian  Other]

TOTAL CONFERENCE FEES DUE: \$ \_\_\_\_\_

CHECK ENCLOSED. Make check payable to the HHV-6 Foundation International Conference in dollars. Please include registrant's name on the check and return this form with payment. If you need to send a check in a foreign currency, please add a fee of \$25 to cover processing fees.

PLEASE CHARGE MY CREDIT CARD (check one):  Visa  MasterCard  Amex

Name as it appears on credit card	Signature
Billing Address (If different)	
Credit Card Number	Expiration Date