



## Brain Dissection and Neuroscience: Applications to Disorders of Language and Speech Functions

Enrollment Form - PLEASE Print - Payment must accompany registration.

**Fee \$750** (add \$70 if you desire to receive a copy of the text, *Neuroscience for the Study of Communicative Disorders* by Bhatnagar, Lippincott, Williams and Wilkins, 2008, add \$30 if you wish to attend the conference dinner Friday, August 7th)

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

E-mail Address \_\_\_\_\_ Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_ Are you applying for student housing? \_\_\_\_\_

Attending conference dinner 08/07/09? \_\_\_\_\_

**Method of Payment**                      **Total enclosed \$** \_\_\_\_\_

\_\_\_ Check # \_\_\_\_\_

\_\_\_ MasterCard    \_\_\_ Visa              Expiration Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Signature \_\_\_\_\_

**For information you may contact us at 414-288-3189 (telephone); 414-288-4506 (fax).**

E-mail contact: [neurolab@marquette.edu](mailto:neurolab@marquette.edu)

**Make check payable to: Marquette University and return to:  
Neurolab, Department of Speech Pathology and Audiology  
P.O. Box 1881, Milwaukee, WI 53201-1881**

