



College of Health Sciences
Speech Pathology and Audiology

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

Enrollment Form - PLEASE Print - Payment must accompany registration.

Fee \$850 (add \$85 if you desire to receive a copy of the text, *Neuroscience for the Study of Communicative Disorders* by Bhatnagar, Lippincott, Williams and Wilkins, 2012)

*****Past participants and graduate student fee \$700**

Last name _____ First name _____ MI _____

E-mail Address _____ Address _____ Apt. No. _____

City _____ State _____ ZIP _____ Phone _____ Are you applying for student housing? _____

Method of Payment

Total enclosed \$ _____

____ Check # _____

____ MasterCard ____ Visa Expiration Date _____ CVV Code _____

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

Make check payable to: Marquette University and return to:

**Neurolab, Department of Speech Pathology and Audiology
P.O. Box 1881, Milwaukee, WI 53201-1881**