

# NOVEMBER 10-11, 2006 CHÂTEAU DU LAC, GENVAL **NEUROBELGIUM 2006**

## REGISTRATION AND HOTEL RESERVATION FORM

Please complete in BLOCK CAPITALS and return by postal mail or by fax to:  
**YP COMMUNICATION** - Boulevard Kleyer, 108 - 4000 Liège, Belgium  
 Tel. +32 (0)4 254 12 25 - Fax +32 (0)4 254 12 90 - yolande@piettecommunication.com

**EXTENDED DEADLINE FOR ABSTRACT SUBMISSION : SEPTEMBER 10, 2006**

### PERSONAL DETAILS

Mr                       Mrs                       Ms                       Dr                       Prof

Last name ..... First name .....

Society/Company/Institution .....

Street / P.O. Box .....

Zip Code ..... City ..... Country .....

phone..... Mobile..... Fax.....

E-mail: .....

### I WOULD LIKE TO ATTEND THE FOLLOWING WORKSHOPS: PLEASE NUMBER IN ORDER OF PREFERENCE FOR EACH SESSION

#### Friday, November 10 / Session 1 - 11.30-12.30

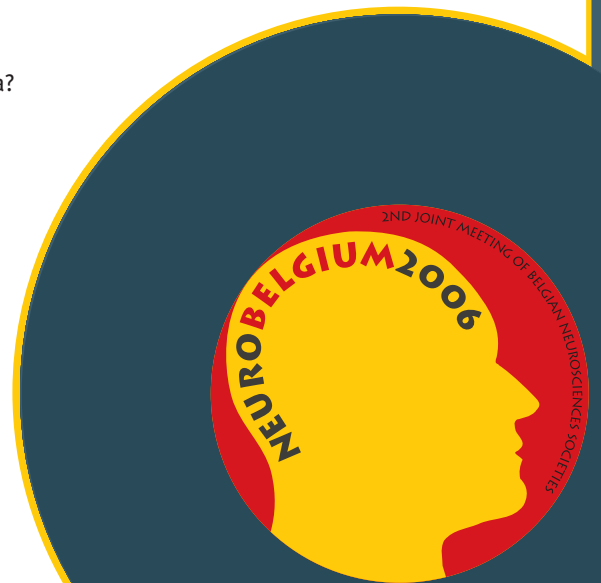
- .....**W1.1.** Clinical and therapeutic differences between childhood and adult migraine?
- .....**W1.2.** Coma and vegetative state: clinical & pathophysiological aspects
- .....**W1.3.** Secondary prevention in stroke
- .....**W1.4.** Genes and brain tumors
- .....**W1.5.** Molecular control of cortical histogenesis and cortical dysplasias

#### Friday, November 10 / Session 2 - 17.00-18.00

- .....**W2.1.** Mild age-related cognitive impairment and early diagnosis of dementia?
- .....**W2.2.** Learning and attentional problems during development
- .....**W2.3.** Human immunoglobulines in neurological therapy
- .....**W2.4.** Epilepsy surgery
- .....**W2.5.** PFO, stroke and migraine: a controversial trio

#### Saturday, November 11 / Session 3 - 12.00-13.00

- .....**W3.1.** The cost of brain disorders in Belgium
- .....**W3.2.** Restless legs: what's in the move?
- .....**W3.3.** Fibromyalgia: an example of central sensitisation induced by depression?
- .....**W3.4.** Drug addiction: from man to molecules, and back
- .....**W3.5.** Physiology of cerebellar diseases



## HOTEL BOOKING

Hotel selected: Château du Lac - avenue du Lac 87 – 1332 Genval (Brussels) - Tel. +32 (0)2 655 71 11 – Fax +32 (0)2 655 74 44

Number of rooms from November 10 to 11: 1 night at a special price of 100 € per room

.....single X 100 € = .....€  
.....double X 100 € = .....€  
.....child(ren) X 40 € extra charge/child = .....€ (no extra charge for children under 12 years)

**TOTAL** .....€

non smoking room       smoking room       child(ren).....aged

Room rate is per room and night, including a single or a double room, breakfast, taxes, services and access to the John Harris Fitness Center.

## GALA DINNER (NOVEMBER 10)

### TOTAL GALA DINNER

Senior 50 €  
 Accompanying person 50 €  
 Neurology resident 25 €  
 PhD student 25 €  
 Extra charge for children (above 12 years) ..... x 50 € = ..... €  
 Extra charge for children (under 12 years) ..... x 25 € = ..... €

**TOTAL** .....€

## REGISTRATION FEE

### TOTAL REGISTRATION

Special reduced fee for members of member societies  
and associations of the Belgian Brain Council 75 €  
 Neurology resident free  
 PhD student free  
 Regular fee 125 €

**TOTAL** .....€

## TOTAL AMOUNT

Total - Registration fee .....€  
Total - Hotel booking .....€  
Total - Gala dinner .....€  
10 € of bank and administrative charges only for payment by credit card .....€

**TOTAL AMOUNT TO PAY** .....€

## TERMS OF PAYMENT FOR REGISTRATION AND HOTEL RESERVATION

Please charge my credit card for all costs related to my registration and my hotel reservation

VISA Credit card N° ..... Expiry date .....

Euro/Mastercard Card verification code ..... (see on reverse side of the card in the signature field, last three digits)

Name of card holder .....

Signature ..... Place, date .....

I have transferred the total amount

**Bank to bank transfer in Euro to YP Communication.** All transfer charges have to be prepaid by the transmitter.

**Please indicate "BNS 2006", your NAME and COMPANY on all money transfers.**

**Banque ING – Agence Ste-Marie – 4000 Liège, Belgium / IBAN BE24 3400 6586 3038 / Account number 340 0658630 38 / BIC BBRUBEBB**

Signature ..... Place, date .....

**If payment per credit card, forms sent without credit card details and signature will not be considered**