



FOUNDATION for  
CATECHOLAMINE  
RESEARCH

# Catecholamine Club

## 2010 Club Dinner Registration / Pay by Check

(Go to [www.catecholamineclub.org](http://www.catecholamineclub.org) to pay by credit card)

### Contact Information:

**Name:**     
(First Name) (MI) (Last Name)

**Institute/Company:**

**Department/laboratory:**

**Street Address:**

**City:**  **State:**  **Zip Code:**

**Country:**

**Phone No:**  **Fax No:**

**Email:**

### List names of others for whom you are also purchasing tickets, if any:

### Payment details:

Number of dinners being ordered at the member rate of \$65 per dinner =

Number of dinners being ordered at the non-member rate of \$100 per dinner =

Number of dinners being ordered at the trainee rate of \$50 per dinner =

Total Payment Enclosed =

### Payment Submission:

Please mail this completed form with your check payable to the "Catecholamine Club" to the Club Secretary Treasurer:  
Courtney Holmes, Clinical Neurocardiology Section, NINDS, NIH, Building 10, Room 5N220, 10 Center Drive, MSC 1620,  
Bethesda, MD 20892-1620.