



W.M. Keck Center for  
Collaborative Neuroscience

W.M. Keck Center for Collaborative  
Neuroscience  
Rutgers, The State University of New Jersey  
604 Allison Road, D-251  
Piscataway, NJ 08854-8082

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## W. M. Keck Center for Collaborative Neuroscience THE SPINAL CORD INJURY PROJECT

### WORKSHOP REGISTRATION FORM: 2017

**Spinal Cord Injury Research Methods Workshop** (Please indicate 1st and 2nd choice.)

- Feb. 27- March 1, 2017**  
 June 5-7, 2017  
 Oct. 30-Nov. 1, 2017

*NOTE: REGISTRATION DEADLINE, ONE MONTH PRIOR TO WORKSHOP.*

#### Workshop Registration

Complete and return this form promptly to hold your place. Registration is not final until payment has been received.

- Spinal Cord Injury Research Methods: First participant, \$950.  
 Additional participants from same lab and previous attendees, \$500.

#### Personal Information *(Please print clearly)*

Title:  Dr.  Ms.  Mr.  Other: \_\_\_\_\_

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Institution, Organization, Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Postal Code/ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Rutgers NetID: \_\_\_\_\_

#### Experience

Please briefly describe your animal surgery/animal handling experience:

\_\_\_\_\_  
 \_\_\_\_\_

#### Special Interests or Questions

Please indicate any areas of special interest. We will attempt to respond to specific requests.

\_\_\_\_\_

#### Special Needs

We will make every effort to accommodate special dietary or physical access needs.

Please describe: \_\_\_\_\_

#### Schedule

- Workshop begins at 9:00 a.m. Monday and ends 3:30 p.m. Wednesday. Please make your travel plans accordingly allowing three hours for travel and airport security check.
- Tuesday Night is *Dinner at the Pub* for all participants. Cost is included in registration.



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### Transportation from Newark Liberty International Airport (EWR)

- State Shuttle. Cost is \$65 one-way from Newark, plus tolls and gratuity. (Rates are higher after 10:30 PM and after midnight. If you are arriving after 10:30 PM, taxi is recommended. (Suggestion: wait to make return arrangements. People often share cabs at end of workshop.)
- Taxi. Cost is approximately \$75 from Newark, plus tolls and gratuity.

### Housing

Special rate at the Holiday Inn, 4701 Stelton Road, South Plainfield, NJ 07080, 908-753-5500. \$109 + tax/night/room for single or double, includes breakfast at hotel restaurant. Call Holiday Inn and mention the Keck Center. (Or check online for possible web specials at lower rates.) (Corporate Code: 100189760.)

(Holiday Inn South Plainfield is a full service hotel with in-door pool, complimentary high-speed internet in every room, coffee maker, microwave, refrigerator, exercise facility, sauna and whirlpool, and on-site restaurant and lounge. It is within walking distance of restaurants including fast food, shopping mall, and movie theater.)

### Checklist

- Registration submitted
- Payment submitted. (Registration not guaranteed until payment is received.)
- Register on [Rutgers IACUC Protocol Submission website](#) (Rutgers NetID holder only)
- Rutgers Occupational Health Form returned (OH form will be sent to participants by email before workshop. Please fill out and fax it to +1 732-932-7199 or email it to [jimbenn@rutgers.edu](mailto:jimbenn@rutgers.edu).)
- Hotel reservations made
- Travel plans made. (Newark Liberty International, EWR, is the closest airport.)
- Transportation from airport to hotel arranged.

*Assistance with hotel and shuttle arrangements is available for international participants, if needed. Contact Mr. Jim Bennett at [jimbenn@rutgers.edu](mailto:jimbenn@rutgers.edu)*

### Method of Payment

Registration is not considered final until a purchase order and/or check for full payment have been received. (*Purchase Order, Check, or Bank Transfer only.*)

*Make checks payable to: W. M. Keck Center for Collaborative Neuroscience.*

- Purchase Order** # \_\_\_\_\_ Purchase Order Total \$ \_\_\_\_\_  
 is enclosed;  will follow.
- Check** is enclosed. Check Total \$ \_\_\_\_\_

### SEND THIS COMPLETED FORM WITH PAYMENT (or Fax form to 732-445-2063)

*Attention: Mr. Jim Bennett, Workshop Registrar*  
W. M. Keck Center for Collaborative Neuroscience  
604 Allison Road, D-251  
Piscataway, New Jersey 08854-8082 USA

**QUESTIONS? Please call (848) 445-9553 and ask for Mr. Jim Bennett or email [jimbenn@rutgers.edu](mailto:jimbenn@rutgers.edu)**