



**Registration Form**

**Optimizing Brain Fitness: Research to Practice, Urbana, Illinois**

Please complete the following information:

First Name
Last Name
Street Address/PO Box
City
State
Zip Code
Phone
Email
Organization
Profession

**Method of Payment**

Check or money order payable to CEII

Please charge my  Visa  MasterCard  American Express

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If name and/or address is different than registrant, please provide:

\_\_\_\_\_

Return this form with your registration fee to the address below. Thank you.

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Chicago, IL 60631  
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