**STUDENT NONMEMBER ELIGIBILITY — MUST BE SIGNED BY DEPARTMENT HEAD OR DEAN**

“I certify that this student is presently enrolled at this university and is working toward a degree in the field of neuroscience.”

PRINT NAME OF DEPARTMENT HEAD OR DEAN

SIGNATURE OF DEPARTMENT HEAD OR DEAN

PHONE

EMAIL

ADA Check here if you have special needs or disabilities that may affect your participation in the annual meeting, and append a statement regarding your disability-related needs.

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<table>
<thead>
<tr>
<th>REGISTRATION CATEGORY (CHECK ONE) *MUST COMPLETE SfN MEMBERSHIP #</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Member* .................................................. (AE)</td>
<td>$ 400 $_______</td>
</tr>
<tr>
<td>Member Category II* .................................... (AE)</td>
<td>$ 165 $_______</td>
</tr>
<tr>
<td>Member Category III* ...................................(AE)</td>
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<tr>
<td>Post-doc Member* ........................................ (HE)</td>
<td>$ 300 $_______</td>
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<tr>
<td>Post-doc Member, Category II* ........................ (HE)</td>
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<tr>
<td>Post-doc Member, Category III* ........................ (HE)</td>
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<td>Student Member* ........................................ (BE)</td>
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<td>Student Member Category III* ...........................(BE)</td>
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<tr>
<td>Student Member Undergraduate* ........................ (KE)</td>
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<td>Student Member Undergraduate Category III* .......... (KE)</td>
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<tr>
<td>Nonmember ................................................ (CE)</td>
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</tr>
<tr>
<td>Student Nonmember,** Must complete eligibility section at left......... (DE)</td>
<td>$ 360 $_______</td>
</tr>
<tr>
<td>Guest — Non-Scientific, Must fill in name below……………….. (EE)</td>
<td>$ 60 $_______</td>
</tr>
</tbody>
</table>

**GUEST FIRST NAME  GUEST LAST NAME**

**DAY ATTENDING:** Select day (Must select one):

- Saturday, Nov.11
- Sunday, Nov.12
- Monday, Nov.13
- Tuesday, Nov.14
- Wednesday, Nov.15

**OPTIONS:**

- Continuing Medical Education Credit (CME)
  
  Check the box above if you have included payment.

  CME: visit SfN.org/cme for details. $ 95 $_______
NOTE: Attendees will receive free printed copies of the general information book and the Exhibit Guide. Attendees may purchase printed daily books and the author index. Information from the daily books will be in the meeting mobile app, available as a free download for iPad, iPhone, and Android Devices. The information is also available in the Neuroscience Meeting Planner which allows you to build your schedule.

- Yes, I will purchase the printed program
- No, I will use digital tools

Full Program Book Set — Includes General Info/Fri-Sat/Sun/Mon/Tues/Wed/Author Index. Cost is $30/set for members and $40/set for nonmembers.

To purchase individual books, select all that apply below.

- Friday–Saturday Book / FS
- Sunday Book / SUN
- Monday Book / MON
- Tuesday Book / TUES
- Wednesday Book / WED
- Author Index Book / AUTH

TOTAL OF REGISTRATION AND OPTIONS FEES

The Neuroscience Meeting Planner, the electronic itinerary program, will only be available online and through the Neuroscience 2017 mobile app.

PHOTOGRAPHY POLICY DURING SCIENTIFIC SESSIONS

Photography of scientific presentations, including poster presentations, is prohibited (without the specific consent of the presenter(s)/author(s)). Individuals who do not comply will be asked to leave the session. In addition, use of cameras and recording devices (to include cell phones with camera capabilities) is prohibited in the Exhibit Hall. If you have any questions regarding this policy, please contact the annual meeting Press Room.

PHOTO AND VIDEO RELEASE

By registering for Neuroscience 2017 or its associated events, I understand that SfN has permission to photograph, video, or otherwise capture the images of me and my guests, and to make recordings of my voice and that of my guests.

I further understand that SfN and its representatives have the right to reproduce, use, exhibit, display, broadcast and distribute, and create derivative works of these images and recordings in any media now known or later developed as well as for promoting, publicizing or explaining SfN and its activities and for administrative, educational or research purposes. I acknowledge that SfN owns all rights to the images and recordings.

PAYMENT (Purchase orders will not be accepted as payment.)

- CHECK OR MONEY ORDER in U.S. dollars drawn on a U.S. bank made payable to the Society for Neuroscience
- CREDIT CARD

Forms containing inaccurate credit card numbers or expiration dates will be returned unprocessed.

- Discover Card
- MasterCard
- VISA
- American Express

NAME AS IT APPEARS ON CARD

CARDHOLDER SIGNATURE

CREDIT CARD NUMBER (13–16 DIGITS)

EXPIRATION (MM/YY)
### 1. Neuroscience Sub-Discipline (Select All That Apply)

- A. Behavioral Neuroscience
- B. Bioinformatics / Neuroinformatics
- C. Cellular and Molecular Neuroscience
- D. Cognitive Neuroscience
- E. Computational Neuroscience and Modeling
- F. Developmental Neuroscience
- G. Disorders of the Nervous System
- H. Evolutionary and Comparative Neuroscience
- I. Excitable Membranes and Ion Channels
- J. History, Teaching, Public Awareness, and Societal Impacts in Neuroscience
- K. Motor Systems Neuroscience
- L. Neural / Synaptic Structure and Function
- M. Neuroendocrinology
- N. Neuroengineering and Robotics
- O. Neuroethology
- P. Neuropharmacology and Neurochemistry
- Q. Neuroregeneration and Repair
- R. Neuroscience of Aging
- S. Sensory Systems Neuroscience
- T. Techniques and Methods
- U. Other: ___________________________

### 2. Topical Track: (List “1” for Primary Interest and “2” for Secondary Interest)

- A. Development
- B. Neural Excitability, Synapses, and Glia
- C. Neurodegenerative Disorders and Injury
- D. Sensory Systems
- E. Motor Systems
- F. Integrative Physiology and Behavior
- G. Motivation and Emotion
- H. Cognition
- I. Techniques
- J. History and Education

### 3. Which Best Describes Your Type of Employer?

- A. Undergraduate College
- B. Graduate School or University
- C. Medical, Veterinary, or Dental School
- D. Independent Research Institute
- E. Government
- F. Hospital
- G. Biotech or Pharmaceutical Company
- H. Nonprofit Organization
- I. Other Private Sector Entity
- J. Self-Employed
- K. Not Employed / Student
- L. Other: ___________________________

### 4. Product Category Interest (Select All That Apply):

- A. Bio-Chemicals and Reagents
- B. Computer-Related Instruments
- C. Imaging/Optical Instruments
- D. Laboratory Equipment and Supplies
- E. Physiological Instruments
- F. Publishers
- G. Pharmaceuticals
- H. Other: ___________________________

### 5. Purchase Role (Select All That Apply):

- A. Approve Purchase
- B. Specify Products/Vendors
- C. Recommend Products/Vendors
- D. No Role

### 6. How Much Total Time Do You Spend Visiting Exhibits?

- A. 1 Hour
- B. 2 Hours
- C. 3 Hours
- D. 4 Hours
- E. 5 Hours
- F. 6+ Hours

### 7. How Frequently Do You Attend SfN’s Annual Meeting?

- A. Every year
- B. Every other year
- C. When funding permits
- D. First time
- E. Other: ___________________________

### 8. Indicate the Expense Budget that You Personally Administer:

- A. $1 million or more
- B. $500,000 to $999,000
- C. $250,000 to $499,000
- D. $150,000 to $249,999
- E. $75,000 to $149,999
- F. $25,000 to $74,999
- G. $24,999 or less
- H. Not Applicable

### 9. Which of the Following Types of Products Do You Use in Your Research or Practice (Select All That Apply)?

- A. Animal behavioral monitoring
- B. Animal care and surgery
- C. Cell culture
- D. Electrophysiological equipment
- E. Human brain imaging (fMRI, PET, ERP, MEG, etc)
- F. Microscopy and cellular imaging
- G. Pharmacological reagents
- H. Proteins chemistry, including antibodies and other immunological reagents
- I. Specialized scientific software
- J. Not applicable

### Optional Demographic Information

The optional demographic information is requested to enable SfN to better understand the changing demographics of our membership which, in turn, will help us enhance programs and services to meet the evolving needs of members. The following questions are optional and will not be encoded on registration badges; nor used to specifically identify registrants.

### 10. Age (Optional, Select One):

- A. 18-25
- B. 26-35
- C. 36-45
- D. 46-55
- E. 56-over

### 11. Gender (Optional, Select One):

- A. Female
- B. Male
- C. Prefer not to answer

### 12. Race (Optional): Intended for U.S. Residents Only

#### Ethnicity (Select One):

- A. Hispanic or Latino
- B. Not Hispanic or Latino

#### Race (Select all that apply):

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Native Hawaiian or Other Pacific Islander
- E. White