



ANNUAL MEETING REGISTRATION FORM

Society for Neuroscience 47th Annual Meeting
November 11–15, 2017 | Washington, DC



ONLINE: SfN.org/Registration

If registering by fax, telephone, or mail:

FAX:
Fax registration form and credit card information to (508) 743-9671.

TELEPHONE:
Have your registration form and credit card information in hand and dial (888) 736-6690 or (508) 743-8563.

MAIL:
Send your registration form and fee(s) to:
SfN 2017 Registration
c/o Convention Data Services
107 Waterhouse Road
Bourne, MA 02532

COMPLETE ENTIRE FORM. ALL INFORMATION IS REQUIRED.
PLEASE PRINT CLEARLY. ONE APPLICATION PER REGISTRANT.

FIRST NAME	LAST NAME	DEGREE
DEPARTMENT		
INSTITUTION / COMPANY		
STREET ADDRESS (INCLUDE ROOM NUMBER OR MAIL STOP NUMBER)		
CITY	STATE / PROV.	COUNTRY
ZIP / POSTAL CODE	EMAIL	
COUNTRY CODE (IF OUTSIDE U.S.)	PHONE	
COUNTRY CODE (IF OUTSIDE U.S.)	FAX	MEMBERSHIP NUMBER

**** 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.

REGISTRATION CATEGORY (CHECK ONE) *MUST COMPLETE SfN MEMBERSHIP

- | | | | |
|--|------|--------|----------|
| <input type="checkbox"/> Member* | (AE) | \$ 460 | \$ _____ |
| <input type="checkbox"/> Member Category II* | (AE) | \$ 195 | \$ _____ |
| <input type="checkbox"/> Member Category III* | (AE) | \$ 260 | \$ _____ |
| <input type="checkbox"/> Post-doc Member* | (HE) | \$ 345 | \$ _____ |
| <input type="checkbox"/> Post-doc Member, Category II* | (HE) | \$ 125 | \$ _____ |
| <input type="checkbox"/> Post-doc Member, Category III* | (HE) | \$ 190 | \$ _____ |
| <input type="checkbox"/> Student Member* | (BE) | \$ 230 | \$ _____ |
| <input type="checkbox"/> Student Member Category II* | (BE) | \$ 80 | \$ _____ |
| <input type="checkbox"/> Student Member Category III* | (BE) | \$ 130 | \$ _____ |
| <input type="checkbox"/> Student Member Undergraduate* | (KE) | \$ 115 | \$ _____ |
| <input type="checkbox"/> Student Member Undergraduate Category II* | (KE) | \$ 40 | \$ _____ |
| <input type="checkbox"/> Student Member Undergraduate Category III* | (KE) | \$ 65 | \$ _____ |
| <input type="checkbox"/> Nonmember | (CE) | \$ 830 | \$ _____ |
| <input type="checkbox"/> Student Nonmember,** Must complete eligibility section at left..... | (DE) | \$ 415 | \$ _____ |
| <input type="checkbox"/> Guest — Non-Scientific, Must fill in name below | (EE) | \$ 65 | \$ _____ |

GUEST FIRST NAME

GUEST LAST NAME

DAY ATTENDING: Select day (Must select one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Saturday, Nov.11 | <input type="checkbox"/> Sunday, Nov.12 | <input type="checkbox"/> Monday, Nov.13 |
| <input type="checkbox"/> Tuesday, Nov.14 | <input type="checkbox"/> 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.

\$ 110 \$ _____

ANNUAL MEETING REGISTRATION FORM (CONTINUED)

- ☐ **Email Address:** In order for you to provide exhibitors with your email address from your scanned badge this box must be checked.

Note: If you do not check the box, exhibitors you visit will not receive your email address from your scanned badge and will not be able to contact you as you requested via email.

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 \$35/set for members and \$45/set for nonmembers. \$_____

To purchase individual books, select all that apply below.

Cost is \$15/book for members and \$20/book for nonmembers.

- ☐ 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.

EMERGENCY CONTACT INFORMATION

FIRST / LAST NAME

PHONE NUMBER

IF YOU WOULD LIKE TO BE CONTACTED BY TEXT IN THE EVENT OF AN EMERGENCY, PROVIDE INFORMATION BELOW.

CELL PHONE NUMBER

CELL PHONE PROVIDER

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

\$

CHECK NUMBER

AMOUNT

- ☐ CREDIT CARD (Discover Card, MasterCard, VISA, or American Express only)
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)

**PLEASE COMPLETE
DEMOGRAPHIC INFORMATION**