



ANNUAL MEETING REGISTRATION FORM

Society for Neuroscience 48th Annual Meeting
November 3–7, 2018 | San Diego, CA



ONLINE: SfN.org/Registration

MUST BE RECEIVED BY
TUESDAY, OCTOBER 2; AFTER
THIS DATE FEES INCREASE —

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 2018 Registration
c/o Convention Park Data Services
7 Technology Drive
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 |

REGISTRATION CATEGORY (CHECK ONE) *MUST COMPLETE SfN MEMBERSHIP #

| Registration Category | Advance | Online Discount Opens Oct. 3 | On-site In Line Opens Nov. 3 |
|--|---------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Member*(AE) | \$ 400 | \$460 | \$550 |
| <input type="checkbox"/> Member Category II*(AE) | \$ 165 | \$195 | \$235 |
| <input type="checkbox"/> Member Category III*(AE) | \$ 235 | \$260 | \$305 |
| <input type="checkbox"/> Post-doc Member*(HE) | \$ 300 | \$345 | \$415 |
| <input type="checkbox"/> Post-doc Member, Category II*(HE) | \$ 105 | \$125 | \$145 |
| <input type="checkbox"/> Post-doc Member, Category III*(HE) | \$ 165 | \$190 | \$230 |
| <input type="checkbox"/> Student Member*(BE) | \$ 200 | \$230 | \$275 |
| <input type="checkbox"/> Student Member Category II*(BE) | \$ 70 | \$80 | \$100 |
| <input type="checkbox"/> Student Member Category III*(BE) | \$ 110 | \$130 | \$155 |
| <input type="checkbox"/> Student Member Undergraduate*(KE) | \$ 100 | \$115 | \$140 |
| <input type="checkbox"/> Student Member Undergraduate Category II*(KE) | \$ 35 | \$40 | \$50 |
| <input type="checkbox"/> Student Member Undergraduate Category III*(KE) | \$ 55 | \$65 | \$80 |
| <input type="checkbox"/> Nonmember(CE) | \$ 720 | \$830 | \$995 |
| <input type="checkbox"/> Student Nonmember,** Must complete eligibility section at left(DE) | \$ 360 | \$415 | \$495 |
| <input type="checkbox"/> Guest — Non-Scientific, Must fill in name below(EE) | \$ 60 | \$65 | \$75 |
| <input type="checkbox"/> CME Accreditation..... | \$ 100 | \$115 | \$135 |

** 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.

GUEST FIRST NAME

GUEST LAST NAME

DAY ATTENDING: Select day (Must select one):

- Saturday, Nov. 3 Sunday, Nov. 4 Monday, Nov. 5
- Tuesday, Nov. 6 Wednesday, Nov. 7

OPTIONS:

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

CME: visit SfN.org/cme for details.

\$ 100 \$ _____

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 \$17/book for members and \$22/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 2018 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 2018 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)

Adjustment Clause: *In the event that the total amount due is miscalculated on this form, SfN and CDS reserve the right to audit or adjust any total charges due.*

PLEASE COMPLETE
DEMOGRAPHIC INFORMATION

DEMOGRAPHIC INFORMATION

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 ADMINISTRATE:

- 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

