



ANNUAL MEETING REGISTRATION FORM

Society for Neuroscience 50th Annual Meeting
November 13–16, 2021 | Chicago, IL



ONLINE: SfN.org/Registration
MUST BE RECEIVED BY
MONDAY, OCTOBER 4;
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 2021 Registration
c/o Convention Data Services
7 Technology Park 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. 5	On-site In Line Opens Nov. 13
<input type="checkbox"/> Member* (AE)	\$ 485	\$555	\$665
<input type="checkbox"/> Member Category II* (AE)	\$ 145	\$170	\$205
<input type="checkbox"/> Member Category III* (AE)	\$ 240	\$280	\$335
<input type="checkbox"/> Post-doc Member* (HE)	\$ 360	\$420	\$505
<input type="checkbox"/> Post-doc Member, Category II* (HE)	\$ 110	\$125	\$150
<input type="checkbox"/> Post-doc Member, Category III* (HE)	\$ 185	\$210	\$250
<input type="checkbox"/> Student Member Graduate* (BE)	\$ 240	\$280	\$335
<input type="checkbox"/> Student Member Graduate Category II* (BE)	\$ 75	\$85	\$105
<input type="checkbox"/> Student Member Graduate Category III* (BE)	\$ 120	\$140	\$170
<input type="checkbox"/> Student Member Undergraduate* (KE)	\$ 120	\$140	\$170
<input type="checkbox"/> Student Member Undergraduate Category II* (KE)	\$ 40	\$45	\$55
<input type="checkbox"/> Student Member Undergraduate Category III* (KE)	\$ 65	\$75	\$85
<input type="checkbox"/> Nonmember (CE)	\$ 870	\$1,005	\$1,200
<input type="checkbox"/> Student Nonmember,** Must complete eligibility section at left (DE)	\$ 440	\$505	\$610
<input type="checkbox"/> Guest — Non-Scientific, Must fill in name below (EE)	\$ 75	\$80	\$90

**** 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. 13 Sunday, Nov. 14 Monday, Nov. 15
 Tuesday, Nov. 16

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.

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

GDPR NOTICE

In order to comply with the European Union's General Data Protection Regulation, we are required to obtain consent from you in order to process your personal data.

By returning this form you consent to allow Convention Data Services & Convention Management Resources to process your personal data for registration and hotel reservations.

TOTAL OF REGISTRATION AND OPTIONS FEES

\$ _____

HEALTH AND SAFETY

Any public space where other people are present holds an inherent risk of exposure to COVID-19 and other communicable diseases. By attending Neuroscience 2021, I agree to voluntarily assume all risk related to exposure and agree to not hold the Society for Neuroscience (SfN) or any of their affiliates including directors, officers, employees, or volunteers liable for illness. Society for Neuroscience (SfN) will operate Neuroscience 2021 in accordance with official federal and state government and local authority rules, following CDC guidelines and any additional venue or location-specific rules designed to mitigate the spread and contraction of COVID-19. Attendees are encouraged to familiarize themselves with all local, national, and international guidelines, including the requirements of their home jurisdiction for their return trip. By registering and attending the Event, I agree to follow all enforced behavior requirements and protocols and follow requests of SfN and the venue while on the premises and at Neuroscience 2021 in regard to COVID-19 mitigation.

CODE OF CONDUCT AT SfN EVENTS

SfN is committed to supporting discovery and scientific dialogue, and to fostering a welcoming community in which all scientists are able to contribute fully. The Society asserts that sexual harassment and other harassing behaviors have no place in a healthy scientific enterprise. We expect all attendees, media, speakers, volunteers, organizers, venue staff, guests, and exhibitors at SfN-organized events to help us ensure a safe and positive environment. At the convention center, onsite medical and security personnel are available directly or through the SfN headquarters office.

If attendees experience unwelcome or unsafe situations anywhere in the city, attendees should swiftly contact local authorities (dial 9-1-1), and additional local social services resources are listed in one convenient location at the federally-endorsed website ChangingOurCampus.org. Any official report of sexual harassment should be brought to the designated Human Resources Officer in the SfN headquarters office at each meeting convention center, or sent via email to hrofficer@sfn.org. The HR Officer will facilitate the completion of a report by a complainant. View the entire Code of Conduct at SfN Events statement for more information.

USE OF ATTENDEE IMAGE & VOICE

By registering for Neuroscience 2021 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 audio and video recordings of me and 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 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 (VISA, MasterCard, Discover Card, or American Express only)

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

- VISA MasterCard Discover Card American Express

NAME AS IT APPEARS ON CARD

CARDHOLDER SIGNATURE

CREDIT CARD NUMBER (13-16 DIGITS)

EXPIRATION (MM/YY)

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 ADMINSTRATE:

- 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. Man
- B. Woman
- C. Non-Binary
- D. Transgender
- E. Intersex
- F. Gender Not Listed
- G. Prefer Not to Say

12. RACE (OPTIONAL):

- Ethnicity (select one):
- A. Hispanic or Latino or Spanish Origin
 - B. Not Hispanic or Latino or Spanish Origin
 - C. Prefer Not to Answer
- Race (select all that apply):
- A. Asian
 - B. American Indian or Alaska Native
 - C. Black or African American
 - D. Native Hawaiian or Other Pacific Islander
 - E. White
 - F. Prefer Not to Answer