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
(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 #

- Member* .......................................................... (AE) $485 $555
- Member Category II* ........................................ (AE) $145 $170
- Member Category III* .......................................... (AE) $240 $280
- Post-doc Member* ............................................. (HE) $360 $420
- Post-doc Member, Category II* ........................... (HE) $110 $125
- Post-doc Member, Category III* ........................... (HE) $185 $210
- Student Member Graduate* ................................. (BE) $240 $280
- Student Member Graduate Category II* ............... (BE) $75 $85
- Student Member Graduate Category III* ............... (BE) $120 $140
- Student Member Undergraduate* .......................... (KE) $120 $140
- Student Member Undergraduate Category II* ........ (KE) $40 $45
- Student Member Undergraduate Category III* .......... (KE) $65 $75
- Nonmember ...................................................... (CE) $870 $1,005
- Student Nonmember,** Must complete eligibility section at left (DE) $440 $505
- Guest — Non-Scientific, Must fill in name below ............ (EE) $75 $80

** 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

TOTAL OF REGISTRATION AND OPTIONS FEES  $_____

Registration Category
Advance Registration  Online Registration
**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.

**PHONE NUMBER**

**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.

**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)**

**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) has implemented vaccine and mask requirements. Neuroscience 2021 will operate in accordance with any additional 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.

To ensure the safest possible in-person Neuroscience 2021 gathering, COVID-19 vaccinations will be required to attend the in-person portion of Neuroscience 2021. Prior to the annual meeting, be prepared to upload documented proof that full vaccination was completed at least 14 days prior to arriving on-site in Chicago. No one will be admitted to Neuroscience 2021 without proof of full vaccination. There will be no exceptions to the vaccination requirement to attend Neuroscience 2021 and no refunds will be issued for unvaccinated individuals or for vaccination documentation that is denied. Unvaccinated individuals are highly encouraged to participate in the full virtual portion of Neuroscience 2021, scheduled for November 8–11, 2021.

Masks will be required during the in-person portion of the annual meeting in Chicago, including on SfN shuttle buses. Masks are required except in the following limited circumstances: 1. When actively eating or drinking, 2. When presenting at a lecture or panel, or 3. When seated in a meeting of 35 or fewer people. Masks will be required at all times on the poster and exhibit floor. Any person who does not adhere to the mask policy will be asked to leave the Convention Center and may be denied readmission to the meeting. As SfN continues to track the rate of Covid transmission and public health guidance, this policy may be updated accordingly.

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.
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 $999,999
- C. $250,000 to $499,999
- 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

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