Annual Meeting Registration Form
Society for Neuroscience 46th Annual Meeting
November 12–16, 2016 • San Diego, CA

ONLINE: SfN.ORG/REGISTRATION
MUST BE RECEIVED BY TUESDAY, 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 2016 Registration
c/o Convention Data Services
107 Waterhouse Road
 Bourne, MA 02532

** 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.

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 SIN MEMBERSHIP #

☐ Member* ........................................ (AE) $ 430 $_____

☐ Member Category II* ....................................... (AE) $ 180 $_____

☐ Member Category III* ......................................(AE) $ 245 $_____

☐ Post-doc Member* ........................................... (HE) $ 325 $_____

☐ Post-doc Member, Category II* .................................... (HE) $ 115 $_____

☐ Post-doc Member, Category III* ..................................(HE) $ 180 $_____

☐ Student Member* ............................................. (BE) $ 215 $_____

☐ Student Member Category II* .................................. (BE) $ 75 $_____

☐ Student Member Category III* ..................................(BE) $ 120 $_____

☐ Student Member Undergraduate* ................................ (KE) $ 110 $_____

☐ Student Member Undergraduate Category II* .........................(KE) $ 40 $_____

☐ Student Member Undergraduate Category III* ......................(KE) $ 60 $_____

☐ Nonmember.........................................................(CE) $ 775 $_____

☐ Student Nonmember,** Must complete eligibility section at left........ (DE) $ 390 $_____

☐ Guest — Non-Scientific, Must fill in name below .....................(EE) $ 60 $_____

GUEST FIRST NAME

GUEST LAST NAME

DAY ATTENDING: Select day (Must select one):

☐ Saturday, Nov.12  ☐ Sunday, Nov.13  ☐ Monday, Nov.14

☐ Tuesday, Nov.15 ☐ Wednesday, Nov.16

OPTIONS:

☐ Continuing Medical Education Credit (CME)

Check the box above if you have included payment.

CME: visit SfN.org/cme for details.  $ 105 $_____


Annual Meeting Registration Form (Continued)

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 $25/set for members and $35/set for nonmembers. $_____

To purchase individual books, select all that apply below.
Cost is $14/book for members and $19/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 2016 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 2016 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) EXP/REV (MM/YY)