

ANNUAL MEETING REGISTRATION FORM



SOCIETY for
NEUROSCIENCE



Society for Neuroscience 43rd Annual Meeting
Saturday–Wednesday, Nov. 9–13, 2013 • San Diego, CA

ONLINE: SFN.ORG/REGISTRATION

**MUST BE RECEIVED BY
WEDNESDAY, SEPT. 18, 2013 –
IF REGISTERING BY FAX,
TELEPHONE, OR MAIL**

FAX: Fax your annual meeting 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 2013 Registration
107 Waterhouse Road
Bourne, MA 02532

**Complete entire form. All information is required.
Please print clearly. One application per registrant, photocopy as necessary.**

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 _____ SFN MEMBERSHIP ID NUMBER _____

REGISTRATION CATEGORY (CHECK ONE)

- Member(AE) \$ 290 \$ _____
- Member Category II(AE) \$ 105 \$ _____
- Member Category III(AE) \$ 155 \$ _____
- Post Doc Member(HE) \$ 220 \$ _____
- Post Doc Member, Category II(HE) \$ 80 \$ _____
- Post Doc Member, Category III(HE) \$ 110 \$ _____
- Student Member,* Must complete SfN membership ID number(BE) \$ 100 \$ _____
- Student Member Category II,* Must complete SfN membership ID number(BE) \$ 25 \$ _____
- Student Member Category III,* Must complete SfN membership ID number(BE) \$ 50 \$ _____
- Student Member Undergraduate,* Must complete SfN membership ID number(KE) \$ 70 \$ _____
- Student Member Undergraduate Category II,* Must complete SfN membership ID number(KE) \$ 18 \$ _____
- Student Member Undergraduate Category III,* Must complete SfN membership ID number(KE) \$ 35 \$ _____
- Nonmember(CE) \$ 515 \$ _____
- Student Nonmember,* Must complete eligibility section at left(DE) \$ 170 \$ _____
- Guest, Must fill in name below(EE) \$ 40 \$ _____

GUEST FIRST NAME _____ GUEST LAST NAME _____

DAY ATTENDING: SELECT DAY (MUST SELECT ONE) (VISIT SFN.ORG/REGISTRATION):

- SATURDAY, NOV. 9 SUNDAY, NOV. 10 MONDAY, NOV. 11 TUESDAY, NOV. 12 WEDNESDAY, NOV. 13

OPTION: Check only if you have included payment.

- Continuing Medical Education Credit (CME) \$ 75 \$ _____
CME: Visit sfn.org/cme for details.

TOTAL OF REGISTRATION AND OPTIONS FEES

\$ _____

FINAL PROGRAM/DAILY BOOK DISTRIBUTION

Download and/or view e-books and pdfs at SfN.org later this summer. Hard copies of the final *Program* and daily books will be available on-site in San Diego.

*** 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.

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- EMAIL ADDRESS:** When visiting exhibitors at Neuroscience 2013, in order for you to provide them with your email address from your scanned badge, please check box.

If you do not check the box, note 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.

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, the 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, contact the annual meeting Press Room.

PHOTO AND VIDEO RELEASE

By registering for Neuroscience 2013 or its associated events, you hereby understand that you may be photographed, videotaped, or digitally recorded, as may be your voice, and hereby waive any objection, condition, limit, or right you may have to the photographs or recordings.

By registering for Neuroscience 2013 or its associated events, you hereby authorize SfN to use any such photographs, videotapes, or other recordings of yourself and your guests for any promotional purposes and to license other relevant people/organizations to use them. You hereby indemnify and hold the Society harmless for any such licensed or unlicensed use.

The Neuroscience Meeting Planner, the electronic itinerary planning program, will only be available online and through the Neuroscience 2013 Mobile app.

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) *Check card type and complete information below. Double-check credit card for accuracy. 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