



## Group Registration Form

### CNS 2019 Annual Meeting

San Francisco, CA | March 23-26, 2019

**CNS 2019 Annual Meeting Registration** includes admission to all Scientific Sessions including keynote sessions, symposia, mini-symposia, awards, poster sessions, and their regularly associated coffee breaks, continental breakfast, and welcome reception.

For processing purposes, all registrants in the group must have a CNS Meeting account. If you don't yet have a CNS Account, please create one by visiting our website at <http://www.cogneurosociety.org/>; please note that all names must be submitted at the same time. Only ONE payment to cover all registrations will be accepted.

Groups may register by mail or by fax. Payment must accompany the Group Registration form. **No refunds will be issued for a Group Registration; substitutions will be permitted.**

### 2019 Registration Rates \*Price per individual

<b>Early Bird</b> (ends Jan. 18, 2018)	<b>Regular</b> (Jan. 18– Mar. 1, 2019)	<b>After March 1<sup>st</sup></b>	
Student Member	Student Member	Student Member	\$220
Post Doc Member	Post Doc Member	Post Doc Member	\$360
Faculty Member	Faculty Member	Faculty Member	\$460
Non-member	Non-member	Non-member	\$560

**\*To be eligible for Member Registration discounts you must be a current member of Cognitive Neuroscience Society (CNS).**

### Group Coordinator contact information

Last name	First name	Middle initial	
Organization			
Street	Suite #		
City	State	Zip/Postal code	Country
Daytime telephone	Fax		
Email Address			

\*Note: An eBadge confirmation email will be sent out to all registrants the week prior to the event with event details, Registration Desk Hours, and any final instructions.

Please indicate Registration type— Faculty Member (FM), Post Doc Member (PM), Student Member (SM), or Nonmember (NM) and the additional information requested. See the first page for Registration Rates.

Last name	First name	Membership Level	Member/Account ID#	Registration Type	Registration Amount
<b>(#1 is the Group Coordinator)</b>					
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$
11.					\$
12.					\$
13.					\$
14.					\$
15.					\$
<b>Subtotal</b>					\$
<b>Total Due</b>					\$

**Payment method**

Check/money order     VISA     MasterCard     American Express     Discover

Card number (16 digits) \_\_\_\_\_ CCV \_\_\_\_\_ Expiration date \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Printed name of cardholder \_\_\_\_\_ Signature of cardholder \_\_\_\_\_

**Send this completed form and registration fees to:**

CNS 2019 Registration  
 c/o Kerry Bosch  
 1688 Calabasa Drive  
 Lincoln, CA, 95648

OR  
 Fax to: 916-409-5069

**\*Checks may be made out to “Cognitive Neuroscience Society”, please do not send cash**