



Visa Request Form

CNS 2019 Annual Meeting

San Francisco, CA | March 23-26, 2019

Date: _____

Attendee Info: _____

Name on Passport: _____

Name used at Meeting (if different): _____

University Affiliation: _____

Country you were born in: _____

Date of Birth: _____

Title of your Presentation: _____

Email: _____

If available please include:

Session Information (Poster#, Day, Time): _____

Please email completed form to registration@cogneurosociety.org. Failure to answer questions above will delay processing. Visa Request letters will be emailed in PDF format within 48 hours of receipt.