



Group Registration Form

CNS 2017 Annual Meeting

San Francisco, CA | March 25-28, 2017

The CNS 2016 Annual Meeting Registration includes admission to all Scientific Sessions including keynote sessions, symposia, mini-symposia, awards, poster sessions, and their regularly associated coffee breaks, breakfast bagels, welcome and poster receptions only.

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.**

2017 Registration Rates

 *Price per individual

Early Bird	Regular	After March 3rd	
Faculty Member	Faculty Member	Faculty Member	\$460
Post Doc Member	Post Doc Member	Post Doc Member	\$360
Student Member	Student Member	Student Member	\$220
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 too 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
(#1 is the Group Coordinator)					
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$
11.					\$
12.					\$
13.					\$
14.					\$
15.					\$
Subtotal					\$
Total Due					\$

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 2017 Registration
 c/o TM Events, Inc.
 3037 Gateway Drive
 Cameron Park, CA, 95682

OR
 Fax to: 530-556-2110

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