



**CNS2018 BOSTON | MARCH 24 - 27**

## **Visa Request Form**

**CNS 2018 Annual Meeting**

**Boston, MA | March 24-27, 2018**

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](mailto: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.