



Registration Form

CNS 2018 Annual Meeting

Boston, MA | March 24-27, 2018

CNS 2018 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.

CNS 2018 Annual Meeting Registration + Gala includes all the above and admission to the 25th Anniversary Gala.

For processing purposes, all registrants 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.cogneuroscience.org/>.

You may register by mail or by fax. Payment must accompany this Registration form.

2018 Registration Rates *Price per individual

Early Bird (ends Jan. 5, 2018)

Student Member	\$180
Student Member + Gala	\$255
Post Doc Member	\$310
Post Doc Member + Gala	\$385
Faculty Member	\$410
Faculty Member + Gala	\$485
Non-member	\$510
Non-member + Gala	\$585
Gala Only	\$75

Regular (Jan. 5– Mar. 2, 2018)

Student Member	\$205
Student Member + Gala	\$280
Post Doc Member	\$335
Post Doc Member + Gala	\$410
Faculty Member	\$435
Faculty Member + Gala	\$510
Non-member	\$535
Non-member + Gala	\$610
Gala Only	\$75

After March 2nd

Student Member	\$220
Post Doc Member	\$360
Faculty Member	\$460
Non-member	\$560

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

Contact Information

<hr/> Last name	<hr/> First name	<hr/> Middle initial
<hr/> Organization		
<hr/> Street	<hr/> Suite #	
<hr/> City	<hr/> State	<hr/> Zip/Postal code
<hr/> Daytime telephone	<hr/> Fax	
<hr/> 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
					\$
				Subtotal	\$
				Total Due	\$

Payment method

Check/money order VISA MasterCard American Express Discover

Card number (16 digits)	CCV	Expiration date
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Billing Address	City, State	Zip Code
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Printed name of cardholder	Signature of cardholder
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Send this completed form and registration fees to:

CNS 2018 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**