



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

Early Bird (ends Jan. 18, 2018)

Student Member	\$180
Post Doc Member	\$310
Faculty Member	\$410
Non-member	\$510

Regular (Jan. 18– Mar. 1, 2019)

Student Member	\$205
Post Doc Member	\$335
Faculty Member	\$435
Non-member	\$535

After March 1st

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).**

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 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**