



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 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/>.

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

2019 Registration Rates *Price per individual

Early Bird (ends Jan. 18, 2019)		Regular (Jan. 18– Mar. 1, 2019)		After March 1st	
Student Member	\$180	Student Member	\$205	Student Member	\$220
Post Doc Member	\$310	Post Doc Member	\$335	Post Doc Member	\$360
Faculty Member	\$410	Faculty Member	\$435	Faculty Member	\$460
Non-member	\$510	Non-member	\$535	Non-member	\$560

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

Contact Information

Last name	First name	Middle initial
Organization		
Street	Suite #	
City	State	Zip/Postal code
Daytime telephone	Fax	
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
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					\$
				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**