

# CNS2020 VIRTUAL

## The Cognitive Neuroscience Society Virtual Meeting

May 2–5, 2020

[www.cogneurosociety.org](http://www.cogneurosociety.org)

### Group Registration Form

**CNS 2020 Virtual Meeting Registration** includes admission to all Scientific Sessions including Keynote, Special Sessions, Invited-Symposia, Symposia, Award Sessions, Workshops, Exhibitors and Poster Sessions.

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.**

#### 2020 Registration Rates \*Price per individual

**Regular** (March 19, 2020 – May 13, 2020)

Student Member	\$145
Post Doc Member	\$195
Faculty Member	\$295
Non-member	\$395

**\*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 instructional email will be sent to you the week prior to the start of the virtual meeting with details on how to login to our online event 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
<b>(#1 is the Group Coordinator)</b>					
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$
11.					\$
12.					\$
13.					\$
14.					\$
15.					\$
<b>Subtotal</b>					\$
<b>Total Due</b>					\$

**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 2020 Registration  
c/o Amy Miller  
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**