

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 2022 Registration
c/o Amy Miller
971 West Campus Ln.
Goleta, CA 93117

OR
Fax to: 916-409-5069

***Checks may be made out to “Cognitive Neuroscience Society”, please do not send cash**