



# Registration Form

## CNS 2023 Annual Meeting

### San Francisco | March 25-28, 2023

**CNS 2023 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.

### 2023 Registration Rates \*Price per individual

#### Early Bird (ends Feb. 25, 2022)

Student Member	\$290
Student Member + Gala	\$365
Post Doc Member	\$430
Post Doc Member + Gala	\$505
Faculty Member	\$530
Faculty Member + Gala	\$605
Non-member	\$740
Non-member + Gala	\$815

#### Regular (ends Apr. 4, 2022)

Student Member	\$320
Student Member + Gala	\$395
Post Doc Member	\$455
Post Doc Member + Gala	\$530
Faculty Member	\$555
Faculty Member + Gala	\$630
Non-member	\$765
Non-member + Gala	\$840

#### After April 4<sup>th</sup>

Student Member	\$340
Student Member + Gala	\$415
Post Doc Member	\$485
Post Doc Member + Gala	\$560
Faculty Member	\$645
Faculty Member + Gala	\$720
Non-member	\$855
Non-member + Gala	\$930

**\*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
Country		
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	Affiliation	Email	Registration Type	Registration Amount	
						\$	
						<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 2023 Registration  
 c/o Amy Miller  
 971 West Campus Ln.  
 Goleta, CA, 93117

OR  
 Fax to: 916-409-5069

OR  
 Email to: amiller@taramillerevents.com

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