CNS SAN FRANCISCO 2023 30 YEARS OF NEUROSCIENCE

MARCH 25–28, 2023

Membership & 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.

CNS 2023 Annual Meeting Registration + 30th Anniversary Party includes all the above and admission to the 30th Anniversary Party.

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.

2022-2023 Annual Membership Rates:

☐ Undergraduate Student	☐ Graduate Student	☐ Postdoc	☐ Faculty
$25	$95	$155	$205

2023 Registration Rates *Price per individual

Early Bird (ends Jan. 20, 2023)		**Regular** (ends March. 1, 2023)		**After March 1st**	
Student Member	$290	Student Member	$320	Student Member	$340
Student Member + 30th Party	$310	Student Member + 30th Party	$340	Student Member + 30th Party	$360
Post Doc Member	$430	Post Doc Member	$455	Post Doc Member	$485
Post Doc Member + 30th Party	$450	Post Doc Member + 30th Party	$475	Post Doc Member + 30th Party	$505
Faculty Member	$530	Faculty Member	$555	Faculty Member	$645
Faculty Member + 30th Party	$550	Faculty Member + 30th Party	$575	Faculty Member + 30th Party	$665
Non-member	$740	Non-member	$765	Non-member	$855
Non-member + 30th Party	$760	Non-member + 30th Party	$785	Non-member + 30th Party	$875

***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 _____

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	Affiliation	Email	Registration Type	Registration Amount
						$
					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 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**