

ANNUAL MEETING REGISTRATION FORM

SOCIETY FOR NEUROSCIENCE 36TH ANNUAL MEETING ■ ATLANTA, GA

SATURDAY-WEDNESDAY ■ OCTOBER 14-18, 2006



Complete entire form as will appear on badge. All information is required
Please print clearly. One application per registrant, photocopy as necessary.

Online: www.sfn.org/registration

**MUST BE RECEIVED BY WEDNESDAY,
SEPTEMBER 8, 2006 — IF REGISTERING
BY FAX, TELEPHONE, OR MAIL**

FAX Fax your annual meeting registration form and credit card information to (508) 759-4552.

TELEPHONE Have your registration form and credit card information in hand and dial (888) SfN-6690, (888) 736-6690, or (508) 743-0137

MAIL Send your registration form and fee(s) to:
SfN 2006 Registration
107 Waterhouse Road
Bourne, MA 02532

**IT'S MORE COST EFFECTIVE
TO BECOME A MEMBER!**

- Preregistering as a member is \$220.
- Preregistering as a nonmember is \$385.
- The difference is the cost of membership!
(It's actually \$20 cheaper to become a member and register as a member for Neuroscience 2006!)
- Application process takes 1-2 weeks.

*** STUDENT ELIGIBILITY — MUST BE SIGNED BY DEPARTMENT HEAD OR DEAN** "I certify that this student is presently enrolled at this university and is working toward a degree in the field of neuroscience."

PLEASE PRINT NAME OF DEPARTMENT HEAD OR DEAN

SIGNATURE OF DEPARTMENT HEAD OR DEAN

PHONE

E-MAIL

- ADA** Please check here if you have special needs or disabilities that may affect your participation in the annual meeting, and append a statement regarding your disability-related needs.
- E-MAIL ADDRESS** Check box to permit your e-mail to be available only to exhibiting companies you visit at Neuroscience 2006.

DEMOGRAPHIC INFORMATION REQUESTED

**PLEASE COMPLETE SECTION
ON THIRD PAGE**

FIRST NAME _____ LAST NAME _____ DEGREE _____

DEPARTMENT _____

INSTITUTION / COMPANY _____

STREET ADDRESS (INCLUDE ROOM NUMBER OR MAIL STOP NUMBER) _____

CITY _____ STATE / PROV. _____ COUNTRY _____

ZIP / POSTAL CODE _____ E-MAIL _____

COUNTRY CODE (IF OUTSIDE U.S.) _____ PHONE _____

COUNTRY CODE (IF OUTSIDE U.S.) _____ FAX _____ SfN MEMBERSHIP ID NUMBER _____

REGISTRATION CATEGORY (CHECK ONE)

- Member.....(AE) \$ 220 \$ _____
- Member Category II.....(AE) \$ 110 \$ _____
- Student Member,* *Must complete eligibility section at left*.....(BE) \$ 65 \$ _____
- Student Member Undergraduate,* *Must complete eligibility section at left.* (BE) \$ 40 \$ _____
- Student Member Category II,* *Must complete eligibility section at left*.....(BE) \$ 33 \$ _____
- Nonmember.....(CE) \$ 385 \$ _____
- Student Nonmember,* *Must complete eligibility section at left*.....(DE) \$ 80 \$ _____
- Guest, *Must fill in name below*.....(EE) \$ 20 \$ _____

GUEST FIRST NAME _____ GUEST LAST NAME _____

DAY ATTENDING: PLEASE SELECT DAY (MUST SELECT ONE) (SEE PAGES 34-35 OF THE PRELIMINARY PROGRAM FOR DETAILS):
 SATURDAY, OCT. 14 SUNDAY, OCT. 15 MONDAY, OCT. 16 TUESDAY, OCT. 17 WEDNESDAY, OCT. 18
**If you are interested in registering a second guest, please call (888) 736-6690 or (508) 743-0137 (International).*

- OPTIONS:** Check only those for which you have included payment.
- 1.** Continuing Medical Education Credit (CME) \$ 55 \$ _____
 - 2.** Airmail of Program, *Registrants outside of North America only* (PRO) \$ 25 \$ _____
 - 3.** Registrants residing in North America (MUST SELECT ONE)(see page 47 of the Preliminary Program for details)
 - MAIL TO MY ADDRESS VIA EXPEDITED SERVICE (PRO) \$ 10 \$ _____
 - I WOULD LIKE TO PICK IT UP ONSITE I DON'T WANT A PROGRAM AT ALL \$ 0 \$ _____
- TOTAL OF REGISTRATION AND OPTIONS FEES** \$ _____

PAYMENT

PURCHASE ORDERS WILL NOT BE ACCEPTED AS PAYMENT.

CHECK OR MONEY ORDER in U.S. dollars drawn on a U.S. bank made payable to the Society for Neuroscience

_____ \$ _____

CHECK NUMBER _____ AMOUNT _____

CREDIT CARD (MasterCard, VISA, or American Express only) *Please check card type and complete information below.*
Double-check credit card for accuracy. Forms containing inaccurate credit card numbers or expiration dates will be returned unprocessed.

MASTERCARD VISA AMERICAN EXPRESS

NAME AS IT APPEARS ON CARD _____ CARDHOLDER SIGNATURE _____

CREDIT CARD NUMBER (13 - 16 DIGITS) _____ EXPIRATION (MM/YY) _____