

## **Membership & Registration Form**

## **CNS 2022 Annual Meeting**

San Francisco | April 23-26, 2022

**CNS 2022 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 <a href="http://www.cogneurosociety.org/">http://www.cogneurosociety.org/</a>.

You may register by mail or by fax. Payment must accompany this Registration form.

**Email Address** 

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2021-2021 Annual M	lembersl	nip Rates:					
☐ Undergraduate Student \$25  2022 Registration R	\$9		Postdoc \$155	☐ Faculty \$205			
•		e per individual					
Early Bird (ends Feb. 25, 2022)		Regular (ends Apr. 4, 2022)		After April 4 <sup>th</sup> , 20	After April 4 <sup>th</sup> , 2022		
Student Member Post Doc Member Faculty Member Non-member	\$245 \$375 \$475 \$685	Student Member Post Doc Member Faculty Member Non-member	\$270 \$400 \$500 \$710	Student Member Post Doc Member Faculty Member Non-member	\$290 \$430 \$590 \$800		
*To be eligible for Member 1	Registration	discounts you must	be a current m	ember of Cognitive Neuroscience	Society (CNS)		
Contact Information							
Last name		First name		Mid	Middle initial		
Organization							
Daytime telephone		Fax					

\*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	Member/Account ID#	Registration Type	Registration Amount	
					\$	
				Subtotal	\$	
				Total Due	\$	
Payment method  ☐ Check/money order	□ VISA □ MasterCard [	☐ American Express	☐ Discover			
Card number (16 digits)	C	CCV		date		
silling Address	Cit	ty, State	Zip Code			
nted name of cardholder			Signature of cardholder			
end this completed forn	n and registration fees to:					
:NS 2022 Registration		OR				

Fax to: 916-409-5069

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

c/o Amy Miller

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