**The 41st Annual Meeting of the Japan Neuroscience Society**

**Satellite Symposium Application Form**

Please complete this application form and send it to neurosci2018@intergroup.co.jp.

**Deadline: Friday, March 16, 2018**

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| Theme |  |
| Date & Time |  |
| Venue | \*Please indicate your preference. □ A room in Kobe Convention Center (Expected number of participants: )□ Other venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Organization |  |
| Chair(s)\*Please provide information on up tp two chair(s). (if applicable) | Name | Affiliation  |
|  |  |
|  |  |
| Primary Contact Person | Name | Tel | Email | JNSMembership No. |
|  |  |  |  |
| Speakers\*Add lines, if necessary.  | Name | Affiliation |
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|  |  |
| Website Advertisement (Optional) |  \*Please indicate your preference.□ YES（Banner : JPY 108,000（incl. taxes））/ □ No |
| Registration Details | Registration fee: JPY \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Registration method: □ Online □ On-site □ Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Please tick all that apply. |
| Maximum number of participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Purpose of the Symposium (Approx. 540 words)  |  |
| Remarks | \*Please indicate the name(s) of the co-host or sponsor (if applicable). |