**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 | JNS  Membership 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). | | | |