

## REGISTRATION FORM

Sixteenth International Conference on Cognitive and Neural Systems

May 30 – June 1, 2012

Boston University

677 Beacon Street

Boston, Massachusetts 02215 USA

Fax: +1 617 353 7755

Mr/Ms/Dr/Prof: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Postal Code: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_

Email: \_\_\_\_\_

The registration fee includes a copy of the conference proceedings volume, a reception on Friday night, and 3 coffee breaks each day.

### CHECK ONE:

\$135 Conference (Regular)

\$85 Conference (Student)

### METHOD OF PAYMENT:

Enclosed is a check made payable to "Boston University"

Checks must be made payable in US dollars and issued by a US correspondent bank.

Each registrant is responsible for any and all bank charges.

I wish to pay by credit card

(MasterCard, Visa, or Discover Card only)

Name as it appears on the card: \_\_\_\_\_

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