**Neuroscience2020**

**Satellite Programs Application Form**

Please fill out this form and send it to Neuroscience2020 at jns2020@aeplan.co.jp.

**Deadline: Thursday, March 26**

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| --- | --- |
| Theme |  |
| Date & Time |   |
| Venue | Wish to use rooms of Kobe International Conference Center(July 28) | Necessary time:　　　　　hours　\*Please include time for setting up and removal as well as session. Time: 　　　　　～　　　　　　※Morning is not available Expected number of attendees:　　　　 |
| Other than Kobe International Conference Center | Name of the venue:  |
| Host Organization  |  |
| Organizer (s)  | Name | Affiliation  |
|  |  |
|  |  |
| Organizer’s information (Principal Contact) | Email | Do you wish to include your email address in Meeting Program | Phone number  | JNS membership number |
|  | Yes / No※Delete the unnecessary choice |  |  |
| Speakers\*Add lines as necessary | Name | Affiliation |
|  |  |
|  |  |
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|  |  |
| Banner advertisement on the Meeting Website(Charged Option) | Purchase（JPY 110,000（incl. tax））　/ 　No　  \*Delate the unnecessary choice.  |
| Registration fees/ Registration method / Maximum number of attendees |  |
| Synopsis (Approx. 540 characters) |  |
| Special comments \*Names of co-host or sponsor if applicable |  |