**Neuroscience2020**

**Satellite Programs Application Form**

Please fill out this form and send it to Neuroscience2020 at [jns2020@aeplan.co.jp](mailto: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 |  | | | | | | |