**The 40th Annual Meeting of the Japan Neuroscience Society**

**Satellite Symposia Application Form**

Please fill out this form and send it to the Neuroscience2017 Secretariat at staff@neuroscience2017.jnss.org.

**Deadline: Friday, March 17**

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| --- | --- |
| Theme |  |
| Date & Time |  |
| Venue \*Delete the choice which is not applicable.  | Venue: 　　　　　　　　　　　　　　　　　　　　　　ORWish to use rooms of MakuhariMesse (expected number of attendees: ) |
| Host Organization |  |
| Organizer (s) \*Two organizers’ names and affiliations if applicable | Name | Affiliation  |
|  |  |
|  |  |
| Organizer’s information (Principal Contact) | Name of Organizer | Email | Phone | JNS membership number |
|  |  |  |  |
| Speakers\*Add lines as necessary  | Name | Affiliations |
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| Banner advertisement on the Meeting Website(Charged Option) | Purchase（JPY 108,000円（incl. tax））　/ 　No　 \*Circle the appropriate choice.  |
| Registration fees/ Registration method / Maximum number of attendees |  |
| Purpose of the Symposium (Approx. 540 characters)  |  |
| Special comments \*Names of co-host or sponsor if applicable |  |