**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](mailto:staff@neuroscience2017.jnss.org).

**Deadline: Friday, March 17**

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| --- | --- | --- | --- | --- | --- |
| Theme |  | | | | |
| Date & Time |  | | | | |
| Venue  \*Delete the choice which is not applicable. | Venue:  OR  Wish 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 |  | | | | |