

REGISTRATION FORM

Seventeenth International Conference on Cognitive and Neural Systems
June 4 – 7, 2013
Boston University
677 Beacon Street
Boston, Massachusetts 02215 USA
Fax: +1 617 353 7755

Mr/Ms/Dr/Prof: _____

Affiliation: _____

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The registration fee includes a conference reception and multiple daily coffee breaks.

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
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