**NEURO2019**

**Satellite Programs Application Form**

Please fill out this form and send it to the NEURO2019 Secretariat at neuro2019@aeplan.co.jp

**Deadline: Friday, March 22, 2019**

|  |  |
| --- | --- |
| Theme |  |
| Date & Time |  |
| Venue \*Delete the choice which is not applicable.  | Venue: 　　　　　　　　　　　　　　　　　　　　　　ORWish to use rooms of Toki Messe on Wednesday, July 24. (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（incl. tax））　/ 　No　 \*Circle the appropriate choice.  |
| Registration fees/ Registration method / Maximum number of attendees |  |
| Purpose of the Program (Approx. 540 characters)  |  |
| Special comments \*Names of co-host or sponsor if applicable |  |