

International Neuropsychological Society (INS) 44th Annual Meeting • Printable Meeting Registration Form

*Please refer to the **instructions on the previous page** in order to complete the form below*

B OPTIONAL: INS Membership

INS member? Your annual dues give you access to all 2016 members-only benefits, including member rates at INS Boston & London, JINS, and more!
Not a member? Join INS with your registration & receive member prices!
*Contingent on approval of your membership application, please see other side for more information

C REQUIRED: Meeting Registration

Early Registration: Through Dec 18
General Registration: Through Jan 27
On-Site Only*: From Feb 2-6
*A \$50 surcharge will be added to all on-site Meeting Registrations (this does not include on-site CE additions and/or substitutions, which ARE allowed up to 24 hours prior to the start of each session)

D OPTIONAL: Continuing Education

Wednesday Workshops (3-Hour)
Includes Morning or Afternoon Coffee Break

Wed Feb 3, 9am-12pm Workshops 1-3
Wed Feb 3, 1pm-4pm Workshops 4-6

Breakfast Workshops (1.5-Hour)
Continental Breakfast 7-7:15am, Starts Promptly @ 7:20am

Thu Feb 4, 7:20-8:50am Workshops 7-8
Fri Feb 5, 7:20-8:50am Workshops 9-10
Sat Feb 6, 7:20-8:50am Workshops 11-12

Optional Plenary CE Credit(s) (1-Hour)
Plenaries open to all, but fee(s) required for CE credit

Wed Feb 3, 4:30-5:30pm Session A
Thu Feb 4, 11am-12pm Session B
Thu Feb 4, 2:30-3:30pm Session C
Thu Feb 4, 5:15-6:15pm Session D
Fri Feb 5, 11am-12pm Session E
Fri Feb 5, 3:45-4:45pm Session F
Fri Feb 5, 5:00-6:00pm Session G

Total CE Options (All Workshops + Plenaries)

E REQUIRED: TOTAL All Transactions

F REQUIRED: Payment Information

☐ Check Enclosed:

Enclosed Check #:

Check Issuer (if not attendee):

☐ Credit Card Authorization:

Credit Card Number (13-16 digits):

Card Expiry (mm/yy):

Security (3-4 digits):

Name As It Appears On Card:

Authorized Cardholder Signature:

By registering, attendees give their consent and agree: 1) that INS has permission to contact them regarding this and/or other INS activities and products, and that their email may be transferred to vendors who receive INS approval for the sale of products and services related to the attendee's participation in this event; 2) to allow INS to take photographs, videotape or digital recordings of them during participation in the INS meeting program; to grant INS the right to edit or reuse this media for purposes deemed appropriate by INS; and to release any and all present or future rights, claims, or interests in said media.

PLEASE CHECK THIS BOX» if you have already registered but wish to add CE options to your existing meeting registration. You may skip Section B and Section C (which you should have already completed), and complete ONLY the questions in Section A below that are shown *with an asterisk in this color. Please complete Sections D-F in full.

A REQUIRED: Attendee Information & Name Badge

*Date This Form Was Completed:

*First (Given) Name:

*Last (Family) Name:

*Email Address:

Affiliation/Institution:

Mailing Address:

City:

State/Province:

Postal Code:

Country:

Phone # (please include country/city codes):

APPCN Early Badge Pick-Up? Please write ONE choice (see other side for details):

1. No APPCN involvement, 2. I am an APPCN Faculty Interviewer, 3. I am an APPCN Student Interviewee

Printed Program Book? This selection may not be changed on-site.

☐ I DO NOT WANT a printed copy of the program book (I will access it exclusively online or through the meeting app)

How did you hear about this INS Meeting? Please write ONE # of the following:

1. Received email as an INS member, 2. Received email as a past attendee, 3. Through the INS Website, 4. Through my Institution, 5. Through a Colleague, 6. Social Media, 7. Online Events Calendar, 8. Arranging Postdoctoral Interviews, 9. Am an Exhibitor, 10. Other—Please specify in space provided below:

*If you wrote #10/Other above, please specify:

What is your current profession? Please write ONE # of the following:

1. Clinical Neuropsychologist, 2. Other Psychologist—Please write "8" and list your specialty on the next line, 3. Cognitive Neuroscientist, 4. Neurologist, 5. Psychiatrist, 6. Speech-Language Pathologist or Audiologist, 7. Rehabilitation Specialist (e.g., OT/PT), 8. Other—Please write "8" and describe on the next line

*If you wrote #8/Other above, please specify:

Have you received a registration waiver from the INS Office?

IF YES, please list the specific reason why in the space below:

YES ☐

Submitting This Form:

Sections A, C, E, and F are required (Sections B and D are optional)

*Please review all instructions on the other side of this form before submitting your registration

Submit your completed, dated, and signed Meeting Registration Form accompanied by full payment

Check your email for confirmation of your payment and registration

MAIL TO: INS Meeting Registration, 173 Saybrook Boulevard, Columbiana, Ohio 44408, USA

FAX TO: (+1) 801.487.6270

Q? Please direct questions to insmeeting@gmail.com or leave a message for Ms. Ave Sofranko, INS Registration Coordinator, at (+1) 801.487.0475

INS BOSTON 2016 • Printable Meeting Registration Form Instructions

Please refer to the instructions on this page as you complete the attached **Registration Form**

INS 44th Annual Meeting Registration

Register Online
(all major credit cards accepted):

Visit www.the-ins.org/annualmeeting_2016

Register by Mail or Fax (including check payments, or credit card payments):

Review all instructions on page 2 of this form **PRIOR TO** to completing page 1

Sections A, C, E, and F are **REQUIRED** (sections B and D are optional)

Submit **dated** and **signed** form, accompanied by **full payment**, to INS via mail or fax:

- Mail with full payment to: **INS Meeting Registration, 173 Saybrook Boulevard, Columbiana, Ohio 44408, USA**

- Fax to **(+1) 801.487.6270**

Q? Please direct questions to insmeeting@gmail.com or leave a message for the INS Registration Coordinator at **(+1) 801.487.0475**

A REQUIRED: Attendee Info & Badge

All responses in this section are required unless otherwise stated. Underlined entries below will be printed on your name badge.

Date Form Was Completed: Enter the date you are submitting the form.

First & Last Name: Enter your first and last name exactly as want them to appear on your name badge (no titles will be printed).

Email: All meeting notices will be sent to you at this email address.

Affiliation/Institution: Your university, place of employment, etc. (such as "private practice").

Mailing Address, City, State/Province, Postal Code, & Country: Please provide your complete mailing (or street) address.

Phone Number: Please provide a phone number in case we have questions about your registration.

APPCN Early Badge Pick-up (REQUIRED):

APPCN participants may pick up their name badges on Tue Feb 2nd starting at 7am (contact APPCN for details). **Please indicate your involvement by selecting ONE of the following:**

1. No APPCN involvement
2. I am an APPCN Faculty Interviewer
3. I am an APPCN Student Interviewee

Printed Program Book? Help reduce the INS meeting's environmental footprint by skipping the printed program book, and using the online version and/or the meeting app exclusively! CHECK THE BOX on the other side if you DO NOT wish to receive a printed copy of the meeting program book. You may not change this selection on-site. Please note the printed program book does not include abstracts, which are only published after the meeting in an online, supplemental issue of *JINS*. **Possible responses:**

NO, I DO NOT WANT a printed copy of the program book)

How did you hear about this INS meeting? SELECT ONE option (REQUIRED):

1. Received an email as an INS member
2. Received an email as a past attendee
3. Through the INS Website
4. Through my Institution
5. Through a Colleague
6. Social Media
7. Online Events Calendar
8. Arranging Postdoctoral Interviews
9. Am an Exhibitor
10. Other—Please specify

What is your current profession? SELECT ONE option (REQUIRED):

1. Clinical Neuropsychologist
2. Other Psychologist: Please list #8, then write-in your specialty
3. Cognitive Neuroscientist
4. Neurologist
5. Psychiatrist
6. Speech-Language Pathologist / Audiologist
7. Rehabilitation Specialist (e.g., OT/PT)
8. Other—Please specify

Registration Waiver (OPTIONAL):

Please indicate if you have received a registration waiver from the INS Office and why you are receiving it.

B OPTIONAL: INS Membership

INS members receive a discount on registration (2016 dues must be paid to qualify).

Not a member of INS? Join and save on your registration for the 2016 INS meetings in Boston and London.

Current INS Members: To pay 2016 dues with registration, check the dues box under your membership type. **Please Note:** 2016 dues payments received after December 31st are subject to a \$25 late fee. *JINS* paper subscriptions are optional and may be added later.

New Members: To join INS and register for Boston at the same time, simply check the dues box under your current non-member category (paper *JINS* subscription is optional). In the space below, select your general registration and any CE options by checking the INS member price box(es). **After we receive your form, we will contact you to complete a formal membership application (a brief form and CV are all that are required). If your application is not approved, you will not be charged for INS dues (or you will be refunded if you pay by check), and you agree to pay any difference between non-member and member rates.**

C REQUIRED: Meeting Registration

The Meeting Registration fee includes attendance at all general sessions, special events, and social functions.

Membership Category: First, select your INS membership category at the top. To qualify as an "INS Associate" or "Non-Member Student", you should be an intern, postdoc or other trainee.

Next, mark the box for the **Early, Late, or On-Site** rate according to the date that INS will receive your completed form and payment.

Student Non-Members: Please present proof of training status at the INS desk by showing your student ID or a letter from your supervisor.

D OPTIONAL: CE Selections

CE options are not included in General Registration. Additional registration and payment are required to participate in CE Workshops or to receive CE credit for attending Plenary Sessions.

To add CE options to your registration:

1. Write your course selection in the space indicated (select only ONE course per time slot); Refer to the table on this page for CE course numbers
2. Non-members: mark the box for either the **non-member fee** or the **INS member fee** (only if you selected to join INS in Section B)
3. Add all of your CE selections and provide the total CE in the line provided at the bottom

E REQUIRED: Total All Transactions

Please add and list the total amount of your: **General Registration Fee + Optional INS Member Fees + Optional CE Workshops + Optional Plenary CE Credit** (if selected)

F REQUIRED: Payment Information

Please include full payment in US funds (either credit card authorization or check payable to INS).

All returned check payments are subject to a \$30 processing fee.

All full and partial cancellations must be submitted in writing to insmeeting@gmail.com or faxed to 1-801-487-6270 (cancellations are not accepted by phone). Refunds will be issued within 3-5 weeks of the date of the request, and will be issued in the same form payment was made. Each full or partial cancellation is subject to the following fee schedule:

Until Jan 6, 2016: Refund less a \$50 fee

Until Jan 27, 2016: Refund less a \$75 fee

After Jan 27, 2016: No refunds after this date (CE substitutions only will be permitted)

INS Tax ID: 04-2614877

Optional CE Selections: Workshops & Plenary Sessions

Wednesday Half-Day Workshops (3-Hour)

Wed Feb 3, 9:00-12:00	CE Workshop 1 » Peter A. Bandettini, PhD <i>Functional MRI: The History, Basics, Cutting Edge, and Future</i>
	CE Workshop 2 » Melissa Lamar, PhD, & Maria T. Schultheis, PhD <i>Science and Practice Considerations for Bilingual Neuropsychology: A Focus on the Hispanic/Latino Community</i>
Wed Feb 3, 1:00-4:00	CE Workshop 3 » Michael J. Boivin, PhD, & Bruno Giordani, PhD <i>Advancing Developmental Science Through the Application of Pediatric Neuropsychology in Africa</i>
	CE Workshop 4 » Alvaro Pascual-Leone, MD, PhD <i>Modulating Brain Networks to Promote Recovery from Brain Injury</i>
	CE Workshop 5 » Rhoda Au, MD, MBA <i>Cognitive Aging in the Digital Era: Role of Global Partnerships</i>
	CE Workshop 6 » Scott A. Langenecker, PhD <i>Dynamic Considerations in Neuropsychological Assessment of Depressive Disorders: State, Trait, Scar and Burden</i>

Continental Breakfast Workshops (1.5-Hour)

Thu Feb 4, 7:20-8:50	CE Workshop 7 » Roberta F. White, PhD <i>Chemical Exposures and the Nervous System: Clinical Findings and Research Evidence</i>
	CE Workshop 8 » Mark W. Bondi, PhD <i>Mild Cognitive Impairment and Preclinical Alzheimer's Disease: Concepts in Need of Input from Neuropsychology</i>
Fri Feb 5, 7:20-8:50	CE Workshop 9 » Katya Rascovsky, PhD <i>Cognitive and Behavioral Aspects of Frontotemporal Degeneration</i>
	CE Workshop 10 » Michael McCrea, PhD, & Grant L. Iverson, PhD <i>Mild Traumatic Brain Injury and the Postconcussion Syndrome: How Does the Science Translate to Clinical Practice?</i>
Sat Feb 6, 7:20-8:50	CE Workshop 11 » Jennifer J. Vasterling, PhD <i>War and the Brain: Neuropsychological Alterations among Returning Veterans</i>
	CE Workshop 12 » Eric Racine, PhD <i>Introduction to Ethics in the Mind- And Neuro-Sciences (Neuroethics)</i>

Plenary Sessions (1-Hour)

Wed Feb 3, 4:30-5:30	Plenary A » Brad Dickerson, MD <i>The Human Brain Connectome and Cognitive and Affective Function: Normal Individual Variability, Aging, & Neurodegeneration</i>
Thu Feb 4, 11:00-12:00	Plenary B » Peter A. Bandettini, PhD <i>There's More There: Extracting New Information from the Functional MRI Signal using Novel Acquisition and Processing Methods</i>
Thu Feb 4, 2:30-3:30	Plenary C » Alvaro Pascual-Leone, MD, PhD <i>Characterizing and Guiding Brain Plasticity Across the Lifespan</i>
Thu Feb 4, 5:15-6:15	Plenary D » Sarah-Jayne Blakemore, PhD <i>Adolescence as a Sensitive Period of Social Brain Development</i>
Fri Feb 5, 11:00-12:00	Plenary E » Andrew P. Gelman, PhD <i>The Statistical Crisis in Science</i>
Fri Feb 5, 3:45-4:45	Plenary F » Adele Diamond, PhD <i>The Development of Executive Functions: Principles and Strategies for Aiding that and Differences by Genotype and Gender</i>
Fri Feb 5, 5:00-6:00	Plenary G » Ann D. Watts, PhD <i>Developing Neuropsychology in Developing Countries: An African Perspective</i>