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| Travel Award Application Form for Neuro2013 | Attach　your recent  photograph  here |

*No hand-written applications will be accepted.*

**Applicant’s contact information**

Name:

(First name / Given name) (Middle initial) (Last name / Family name)

Degree(s):

Department:

Institution:

Address:

City: Country:

ZIP/Postal Code:

Tel.:

Fax:

E-mail:

Membership Societies:

Date (Month/Day/Year):

Applicant’s signature:

**Your supervisor or department head**

Name:

(First name / Given name) (Middle initial) (Last name / Family name)

Degree(s):

Department:

Institution:

Address:

City: Country:

ZIP/Postal Code:

Tel.:

Fax:

E-mail:

Date (Month/Day/Year):

Supervisor’s signature:

*Please ensure that your supervisor sends a separate letter of recommendation (no more than one page in length) directly to Convention Secretariat (staff@neuro2013.org) by no later than January 15,2013.*

**Your Referee**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First name / Given name) (Middle initial) (Last name / Family name)

Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (Month/Day/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please ensure that the referee sends a separate letter of recommendation (no more than one page in length) directly to Convention Secretariat (staff@neuro2013.jp) by no later than January 15, 2013.*

**Participation at Neuro2013 meeting**

Registration ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abstract Submission Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Application without the abstract submission number will not be considered.)

Presentation of paper at the Neuro2013 meeting

□ Prefer poster □ Prefer oral presentation

(All applicants must prepare the presentation of poster for an advance meeting.)

Society your belong

□ JNSS (Japanese Neuroscience Society)

□ JNS (Japanese Neurochemistry Society)

□ JNNS (Japanese Neural Network Society)

□ ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if you have)

□ will apply (if you have not yet)

Have you been awarded travel award in the past Neuro meeings?

□ No □ Yes (Month, Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

*Please send the completed application form with the photograph and hand-written signatures, your CV, your publication list, and a copy of your passport (only the page where the photograph of your face is recorded) to meeting Secretariat (staff@neuro2013.jp) by e-mail attachment all as pdf or jpeg files no later than January 15, 2013.*

*In addition, the completed application form with the photograph and hand-written signatures should be postal mailed and delivered to Secretariat of Neuro2013 c/o Congress Corporation Kohsai-kaikan Bldg. 5-1, Kojimachi, Chiyoda-ku, Tokyo, 102-8481, Japan) by no later than January 31, 2013.*