

# Society for Psychophysiological Research - REGISTRATION FORM

53rd Annual Meeting • October 2-6, 2013 • Firenze Fiera Congress & Exhibition Center • Florence, Italy

Complete all items on this registration form—type or print legibly. Submit this form by August 30. After that date, plan to register on site at the meeting. Keep one copy of this completed form for your records. Register prior to August 16 to receive discounted rates.

## REGISTRANT INFORMATION

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name/Surname \_\_\_\_\_

Place of Employment \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Is this address? ☐ business ☐ home

Daytime Telephone Number: \_\_\_\_\_  
(include area codes and country codes)

Fax Number: \_\_\_\_\_  
(include area codes and country codes)

E-Mail Address: \_\_\_\_\_  
(Your confirmation will be e-mailed to this address.)

## BADGE INFORMATION

Complete those lines that are different from the information under "Registration Information" above.

Full Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Country \_\_\_\_\_

## GENERAL INFORMATION

Membership Status (check one)

- ☐ I am a current member of SPR (2013).
- ☐ I am joining SPR with this registration form (be sure to include a separate completed membership application with your registration form, or join online. Applications take up to 7 days for approval).
- ☐ I am registering as a non-member.

☐ Check here if you do NOT wish to be listed in the attendee directory offered to all attendees and exhibitors.

## SPECIAL SERVICES & EMERGENCY CONTACT INFORMATION

☐ Please check here if you require special accommodations to fully participate (a staff member will be in touch with you).

Please provide a contact name and phone number in case of emergency:

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

Telephone Number: \_\_\_\_\_

## GENERAL REGISTRATION

All money is listed as U.S. dollars and will need to be paid in U.S. dollars.

Check One:

### MEMBER FEES\*

	On or Before 8/16	After 8/16
<input type="checkbox"/> Full Member Fee	\$230 USD	\$280 USD
<input type="checkbox"/> Student Member Fee	\$80 USD	\$100 USD

\*To register for the meeting at the member rates, you must be an SPR member for the 2013 calendar year. If you do not wish to renew your membership for 2013, you must register as a non-member. All presenters must register for the meeting and pay the appropriate fee.

### NON-MEMBER FEES

<input type="checkbox"/> Non-Member Fee	\$330 USD	\$365 USD
<input type="checkbox"/> Non-Member Student Fee	\$180 USD	\$200 USD

### ONE-DAY FEE

<input type="checkbox"/> One-Day Registration Fee	\$210 USD	\$260 USD
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Please check the day of attendance:

- ☐ Thursday  
☐ Friday  
☐ Saturday

### GUEST FEE

<input type="checkbox"/> Guest	\$55 USD	\$75 USD
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Optional fee for guests of meeting participants who do not study or work in a field related to psychophysiology (fee includes Saturday Business Meeting luncheon.)

Guest Name (provide full name): \_\_\_\_\_

\_\_\_\_\_

Is your guest planning to attend the Saturday Business Meeting luncheon?

☐ Yes ☐ No

If yes, please list any dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

## BUSINESS MEETING AND LUNCHEON

☐ Yes, I wish to attend the Business Meeting and Luncheon on Saturday, October 5.

Number of Luncheons X \$10 USD = \$ \_\_\_\_\_ USD

Please list any dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

☐ No, I do not wish to attend the Business Meeting and Luncheon.

## CONTRIBUTION TO THE STUDENT TRAVEL AWARD

A contribution of \$25 is recommended, but any amount will be appreciated! Amount: \$ \_\_\_\_\_ USD

## PRE-CONFERENCE WORKSHOPS (Limit 1 per Attendee)

*Tuesday, October 1 and Wednesday, October 2 (This is a 2-day workshop.)*

### 1. Advanced EEG and MEG Data Analysis: Cortical Source Imaging Using Brainstorm and SPM8: A Hands-On Training

	<u>On or Before 8/16</u>	<u>After 8/16</u>
<input type="checkbox"/> Member	\$150 USD	\$170 USD
<input type="checkbox"/> Student Member	\$100 USD	\$115 USD
<input type="checkbox"/> Non-Member	\$225 USD	\$240 USD
<input type="checkbox"/> Student Non-Members	\$175 USD	\$190 USD

*Wednesday, October 2*

### 2. Using Electrical Stimulation, EMG, GSR, Heart-Rate, and Pupil Dilation in Combination with BOLD-MRI: Challenges and Opportunities

	<u>On or Before 8/16</u>	<u>After 8/16</u>
<input type="checkbox"/> Member	\$125 USD	\$145 USD
<input type="checkbox"/> Student Member	\$75 USD	\$95 USD
<input type="checkbox"/> Non-Member	\$200 USD	\$220 USD
<input type="checkbox"/> Student Non-Member	\$150 USD	\$170 USD

*Wednesday, October 2*

### 3. NIH Research Domain Criteria (RDoC)

	<u>On or Before 8/16</u>	<u>After 8/16</u>
<input type="checkbox"/> Member	\$125 USD	\$145 USD
<input type="checkbox"/> Student Member	\$75 USD	\$95 USD
<input type="checkbox"/> Non-Member	\$200 USD	\$220 USD
<input type="checkbox"/> Student Non-Member	\$150 USD	\$170 USD

## WISE Luncheon

The Women in Science and Education Luncheon will be held on Friday, October 4. This event is free for any individuals who pre-register. This year, it will be a panel discussion on Gender Diversity in the Lab.

- ☐ Yes, I plan to attend the WISE Luncheon on Friday, October 4.  
☐ No, I do not plan to attend the WISE Luncheon.

## MEMBERSHIP RENEWAL

If you are an SPR member and wish to renew your dues, please enclose the appropriate payment with this form.

2013 Membership Renewal (January 1-December 31, 2013). If you'd like to join, complete a separate application form. Both a downloadable and online application are located on the SPR website. Applications take up to 7 days for approval.

<input type="checkbox"/> Member:	\$95 USD
<input type="checkbox"/> Early Career:	\$70 USD
<input type="checkbox"/> Student:	\$45 USD
<input type="checkbox"/> Emeritus	\$45 USD
<input type="checkbox"/> Optional Journal Fee:	\$25* USD

\* If you would like to receive hard-copy back issues of the 2013 journal, *Psychophysiology*. The journal is offered to all members online as the default.

2014 Membership Renewal (January 1-December 31, 2014).

<input type="checkbox"/> Member:	\$75 USD
<input type="checkbox"/> Early Career:	\$50 USD
<input type="checkbox"/> Student:	\$25 USD
<input type="checkbox"/> Emeritus	\$25 USD

## PAYMENT

Total your fees from the different categories included on this registration form. International registrants must submit payment in U.S. funds drawn from a U.S. bank.

Registration Fee Total	\$ _____ USD
Guest Fee	\$ _____ USD

Business Meeting and Luncheon	\$ _____ USD
Contribution to Student Travel Award	\$ _____ USD

### Pre-Conference Workshop (Limit 1 per Attendee)

- |                                 |              |
|---------------------------------|--------------|
| 1. Advanced EEG and MEG Data    | \$ _____ USD |
| 2. Using Electrical Stimulation | \$ _____ USD |
| 3. NIH Research Domain Criteria | \$ _____ USD |

2013 Membership Renewal	\$ _____ USD
2014 Membership Renewal	\$ _____ USD

**Grand Total** \$ \_\_\_\_\_ USD  
(Include this payment with your registration form)

Check the method of payment below and enclose with your registration form – no purchase orders. Registration forms that do not include the proper registration payment will be returned to you immediately.

- ☐ Wire Transfer (By request only. You will be required to include an additional \$15 USD to cover bank fees for the transaction).  
☐ Check (Payable to the Society for Psychophysiological Research)  
☐ MasterCard, Visa, American Express

Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Holder Name (please print): \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

## CANCELLATION POLICY

Any Annual Meeting registration cancellation must be made in writing directly to SPR. If received before August 30, 2013, SPR will apply a \$50 administrative fee and refund the remainder of your registration fee after the meeting. After August 30, 2013, no refund will be given. Walk-ins and replacements are always welcome.

*Mail or fax your registration form and payment to:*

## SOCIETY FOR PSYCHOPHYSIOLOGICAL RESEARCH

2424 American Lane • Madison, WI 53704 • USA  
Fax: +1-608-443-2474 or +1-608-443-2478

For more information on registration, call or e-mail:

Telephone: +1-608-443-2472  
E-Mail: [spr@reesgroupinc.com](mailto:spr@reesgroupinc.com)  
Website: <http://www.sprweb.org>