BRAINS IN A DISH

Central Virginia Chapter of the Society for Neuroscience
2016 Annual Symposium and Poster Session

March 25th, 2016, 9:00am-6:00pm

at Jordan Hall Conference Center, University of Virginia
1340 Jefferson Park Ave, Charlottesville, VA 22903

Invited Speakers:

David Kaplan, Ph.D. Tufts University

Erin Foff, M.D., Ph.D., University of Virginia

Doo Yeon Kim, Ph.D., Harvard Medical School and Mass. General Hospital

Michelle Theus, Ph.D., Virginia Tech/Virginia-Maryland College of Vet. Medicine

Call for Poster Abstracts: Undergraduate, graduate, and postdoctoral neuroscientists at all Virginia Universities and Colleges are encouraged to present their latest research.

Submit (1 page): Title, Authors (student & mentor), Laboratory Affiliations, Research Abstract and Registration to CVCSNsymposium2016@gmail.com

A limited number of “data blitz” speaking opportunities (in lieu of a poster) are open to postdocs and senior graduate students. Indicate this preference at the top of your submission.

More Information: CVCSNsymposium2016@gmail.com and http://www.cvcsn.vcu.edu/
The 2016 Central Virginia Chapter of the Society for Neuroscience Symposium

Brains in a Dish

Friday, March 25th 2016
9a – 6p at the
Jordan Conference Center
University of Virginia
1340 Jefferson Park Ave, Charlottesville, VA 22903

***Registration deadline is Friday, March 4th, 2016: the pre-symposium head-count is essential for planning & catering the event.***

Registration (complete form electronically and email to CVCSNsociety@gmail.com)

☐ Faculty / ☐ Professional: $100
☐ Postdoc / ☐ Resident / ☐ Technician: $30
☐ Undergraduate / ☐ Graduate / ☐ Medical / ☐ Other Student: $10

(Registration fee also covers catering throughout the symposium as well as CVCSN membership for one year)

Student lunch with plenary speaker: ☐ Yes ☐ No

(First 20 students to sign up will enjoy an exclusive lunch together with one of the invited speaker)

Name: __________________________ Title: __________________________

University/Dept: __________________________

E-mail: __________________________ Daytime Phone: __________________________

Street Address/PO Box: __________________________

City, State, Zip: __________________________

Mark Your Method of Payment (regretfully, we cannot accept credit cards):

☐ Purchase Order: Email a scanned copy of your PO (payable to CVCSN) with your completed Registration Form to (CVCSNsociety@gmail.com). The CVCSN EIN is 23-7064518. The PO category is X02 in eVa.

☐ Personal Check: Payable to CVCSN. Mail or hand-deliver checks:

C/o Unsong Oh, MD

P.O. Box 980599, Richmond, VA 23298

Questions? Contact Dr. Jessica Connelly, Secretary Officer of CVCSN, CVCSNsociety@gmail.com