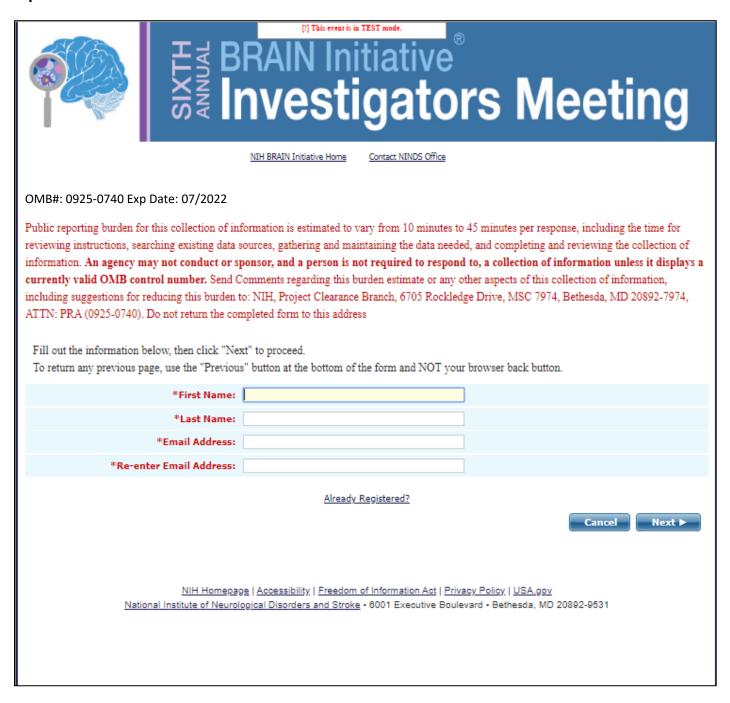
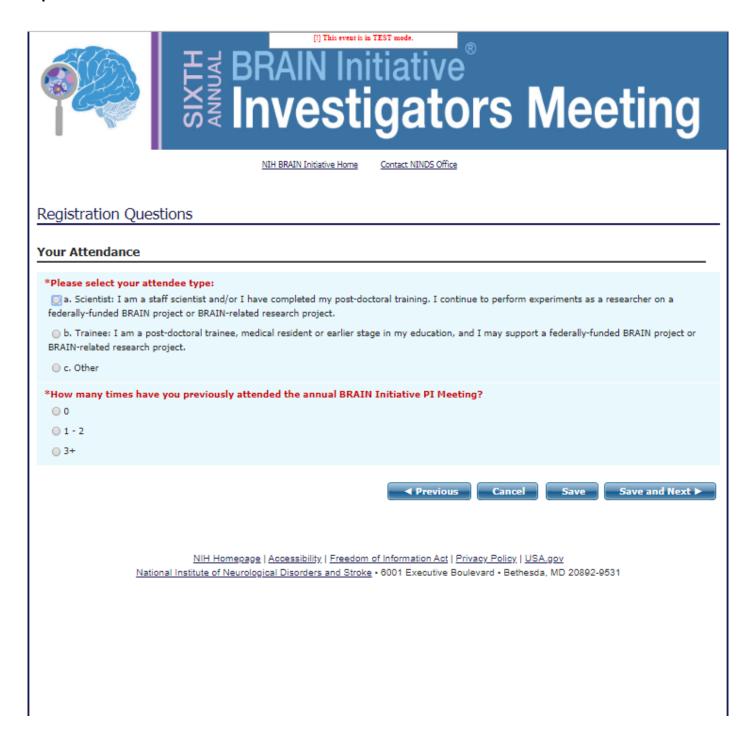
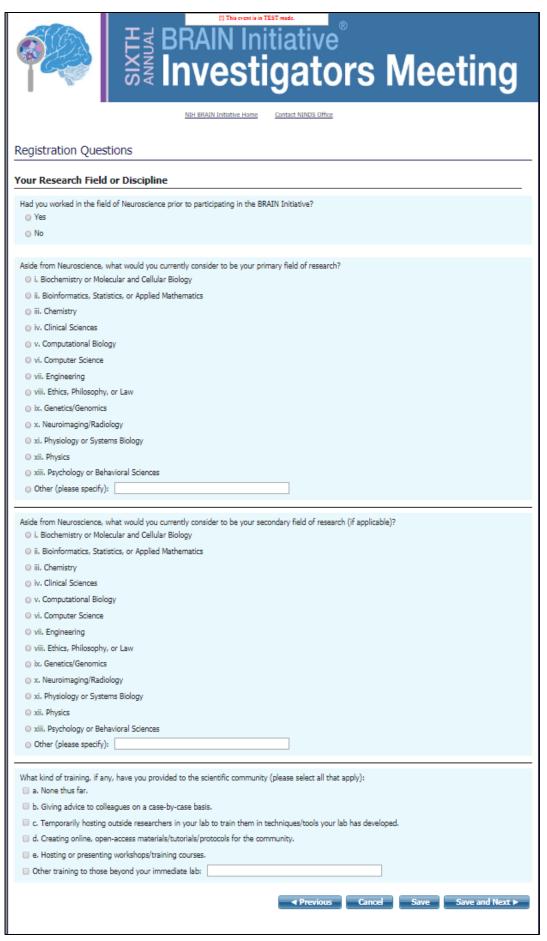
Registration System Home page



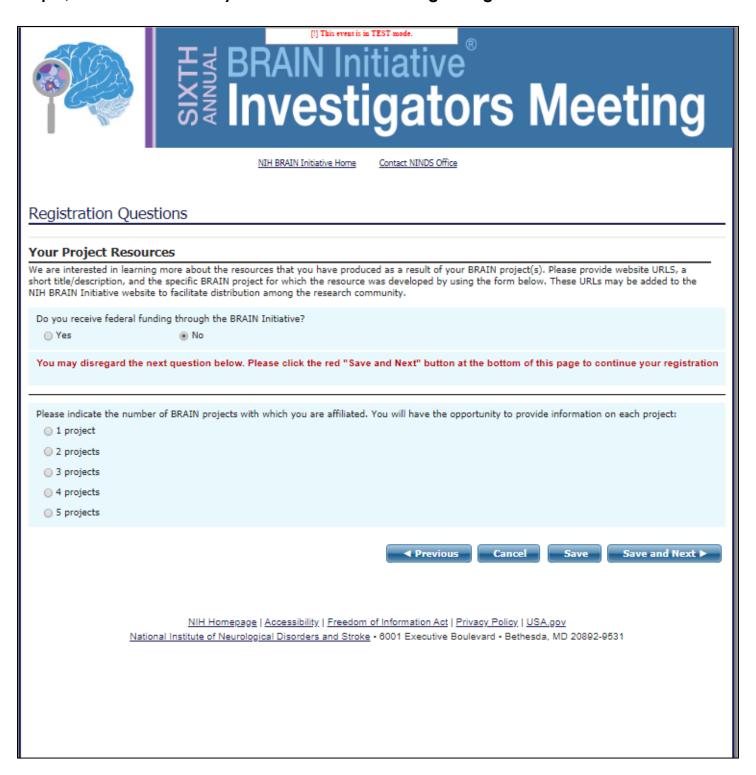
	SIXTH	RAIN Initiative nvestigators Meeting
		NIH BRAIN Initiative Home Contact NINDS Office
Fill out the information below, then click "Save and Next" to proceed. To return any previous page, use the "Previous" button at the bottom of the form and NOT your browser back button.		
Personal Information		
	First Name:	test
	Last Name:	test
	Email Address:	test@infinity.aa
	*Prefix:	
4- 4-	*Job Title:	
*Company/Organization/Institution Name:		
Work Address:		
	Country:	USA ▼
Address:		
City:		
State/Province:		V
ZIP/Postal Code:		
	Work Phone:	
Would you like to be included on the participant list, which is posted on the event website? Ores No		
		Cancel Save and Next ►
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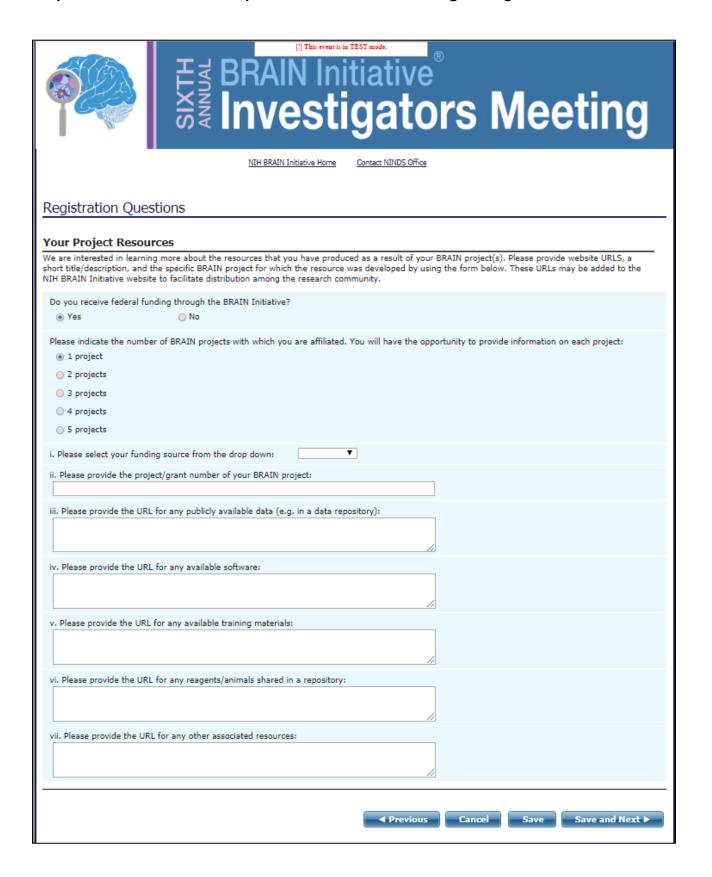




Step 6, Answer 'No' to "Do you receive federal funding through the BRAIN Initiative?"



Step 6, Answer 'Yes' to "Do you receive federal funding through the BRAIN Initiative?"



Step 7, Review your information



Step 8, Confirmation

