Meeting Support Application

International Neuroethics Society

Provide all information requested below and return this document to INS staff by email at [administrator@neuroethicssociety.org](mailto:administrator@neuroethicssociety.org).

#### Application Submission Date(s)

Date

#### Meeting Title

Title

#### Meeting Date

Date

#### Venue

Including address

#### Event Description

Include the purpose of the event, key speakers and expected outcome (max 500 words)

#### Website

URL(s) of the institution and event website

#### Applicant

Name

Email

Phone

#### INS Member?

Yes / No. ONLY INS MEMBERS ARE ELIGIBLE TO APPLY. Join the INS by completing a membership application: <http://www.neuroethicssociety.org/application>

#### Who is your target audience?

Describe audience

#### How many people do you expect to attend?

Number range

#### How will this meeting advance the field of neuroethics?

Explanation

#### How do you plan to promote the meeting?

Explanation

#### How will you acknowledge INS support?

Please list specific ways. To request use of the INS logo, contact staff by email ([administrator@neuroethicssociety.org](mailto:administrator@neuroethicssociety.org)).

#### Funds Requested

Up to $500 (USD)

#### Estimated Budget

Please provide a brief itemized budget, making sure to specifically indicate how funds from the INS will be spent.