**Registration Form**

**1st Meeting of the Italian Stress Network**

**Event title:** Stress, Brain and Behavior: Advances in Translational Neuroscience

**Date:** February 12-13, 2026

**Location:** Sapienza University of Rome - Dept of Physiology and Pharmacology

* **Personal Information**
* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Affiliation / Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Position / Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Registration Category (check one)

* Undergraduate Student

* Graduate Student

* Postdoctoral Fellow

* Academic / Faculty

* Industry Professional

* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Abstract Submission**
* I would like to submit an abstract

* + **Title of Abstract:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ **Preferred Format:**
		- Data Blitz + Poster Presentation

* + - Poster Presentation

*Abstract submission deadline: September 30, 2025*

* **Accessibility Needs**

Please specify any accessibility requirements:

* **Registration Fees**

|  |  |  |
| --- | --- | --- |
| Early fee until 31st October | Standard fee until 31st January | Onsite fee |
| EUR 150 | EUR 200 | EUR 250 |

### Payment Method

* Bank Transfer (***IBAN****: IT27D0306909606100000405725)*

* PayPal (<https://www.paypal.com/ncp/payment/KML8YXUWGG92U>)

***Payment reference****. Please indicate "Registration Fee ISN 2026 meeting- [Your Name]"*

### Consent & Permissions

* I consent to receive email updates related to the conference

* I agree to the use of photos/videos taken during the event for promotional purposes

* I have read and agree to the conference Code of Conduct


### Submit Your RegistrationEmail to: isn.secretariat@gmail.com

### Please indicate as object: REGISTRATION ISN2026 – Last Name