

# •Neuroscript Travel Award Form•

Name \_\_\_\_\_  Prof  Dr  Mr  Ms

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Paper No. \_\_\_\_\_

Paper Title \_\_\_\_\_

Conference \_\_\_\_\_

Conference dates \_\_\_\_\_ Location \_\_\_\_\_

Session title \_\_\_\_\_ Presentation format:  Oral  Poster

Data Collection Program:  MovAlyzeR  GripAlyzeR

How long have you been using the program? \_\_\_\_\_

What version of the program are you currently using? \_\_\_\_\_

Are you planning on publishing this presentation? If so, what journal?

\_\_\_\_\_

How many experiments are you currently developing or running that utilize MovAlyzeR or GripAlyzeR?

\_\_\_\_\_

Funding source citation: Neuroscriptsoftware.com