

Application for Chapter Brain Bee Membership

Please E-mail this completed form, plus a close-up photo of yourself, to nmyslinski@umaryland.edu

OR mail it to Norbert Myslinski, 9395 Carrie Way, Ellicottt City, Md 21042 USA
Name of Country State City
Name of Chapter Coordinator
Coordinator's title or affiliation
E-mail Address of Coordinator
Mailing Address of Coordinator
Telephone Number of Coordinator
Name of an Alternate Coordinator. (Optional)
E-mail of an Alternate Coordinator. (Optional)
Name of the major Sponsor (who will pay for it) Organization
E-mail of Sponsor Organization
Name of Host (where it will be held) Organization
E-mail of Host Organization
Address of your Brain Bee Web site (Optional)
Approximate date of your first Brain Bee Competition
Name of person knowledgeable in neuroscience to act as judge
Would you like to volunteer to help with the Regional Championship?
Note: There are 3 competition levels: the Local (or Chapter) level, the Regional (or National) level and the World level.
Comments or requests
Signature of the Coordinator Date

An annual report is required from the Coordinator to Dr. Myslinski at the address above before the Regional Championship. The Annual Brain Bee Coordinators meeting is held at the Society for Neuroscience Convention in the United States. It is hoped that the coordinator or his representative will be able to attend. Visit www.internationalbrainbee.com for more information.