



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, Ellicott 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.