



21st World Congress of SBMT2024

Exhibitors Registration

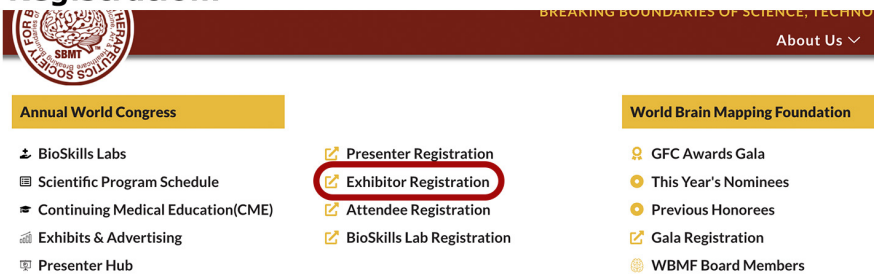
INSTRUCTIONS

Dear Presenters,

Please follow the instructions below to register as Exhibitor for the AWC SBMT 2024.

1- Please Visit: WWW.WORLDBRAINMAPPING.ORG

On the website, please hover on Events > Annual World Congress > Exhibitor Registration.



2- You will be Redirected to the SBMT's Registration System.

Direct Link: <https://worldbrainmapping.site-ym.com/event/Exhibitor-SBMT2024>

3- Scroll down and please fill in the required information.

As a safety measure, the ticket is shown to have a \$1300.00 price.

REGISTRATION FOR ALL EXHIBITORS IS DEPENDENT ON THEIR SPONSORSHIP TIER.

AWC Exhibitor Sponsor 2024 | Registration

The Annual World Congress is supported by the US Government as well as many prominent US and international Universities and institutions will represent state-of-the-art science and technology in the field of neuroscience, engineering, neurosurgery, psychiatry, psychology, n

neurology, radiology and oncology.

More information on the Conference: <https://www.worldbrainmapping.org/annual-congress/>

More information for Exhibitors: <https://www.worldbrainmapping.org/home/events/annual-congress/exhibits-and-advertising/>

4- Select the Event Ticket

Please select one of the following (required)



Exhibitor - Sponsor (less)

Price: \$1,300.00

Please Follow the instructions Carefully. To avoid misrepresented registrations the registration will reflect a price. SBMT Exhibitors will register for free WITH A CODE.

Presenters need to input the **Exhibitor Code** given to you by your SBMT Liaison.

After inputting the code, the FINAL COST SHOULD REFLECT: \$0.00.

If Credit Card information is asked for, and there is a final cost: **YOU WILL BE CHARGED.**

No Refunds will be issued.

SAVE & FINALIZE REGISTRATION



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5- Input your information. In Checkout Step 1

Checkout (Step 1 of 2)

Are You a Member?

You are not currently signed in. If you are a member, please sign in before proceeding.

Please enter your address and billing information in the form below.

Recipient Information

First Name:* Society
Middle Name:
Last Name:* Brain
Suffix:
Organization: Society for Brain Mapping & Therap
Address:* 860 Via de la paz
Suite E-101
City/Town:* Pacific Palisades
Country: * United States



City/Town:* Pacific Palisades
Country: * United States
Location:* California State
Postal Code:* 90272-3668
Home Phone: 3109808340
Business Phone:
Mobile Phone:
Email Address:* SBMT@Worldbrainmapping.org
Confirm Email Address:* SBMT@Worldbrainmapping.org

Payment Information

Total Amount: \$1,300.00
Promo Code: Apply
Payment Type: Bill Me (Admin-Only)
 Credit Card

State

Enter Code and tap or click on Apply

6- Should Reflect \$0.00 before completing Order.

Payment Information

Total Amount: \$0.00
Promo Code: Apply Promo Code Applied

Check here if the billing address is the same as the recipient information

7- Click on Next and go to Checkout Step 2 it should reflect \$0.00 before completing order, otherwise your card will be charged.

Additional Customer Information

Qty.	Product	Price
1	SBMT 2024	\$1,300.00
Promotional Discount Applied (21AWCPresenter2024) - 100%		(\$1,300.00)
Subtotal: \$0.00		
Grand Total: \$0.00		Edit Cart

COMPLETE ORDER

8- COMPLETE ORDER

You will Receive an E-mail detailing a 0.00\$ receipt and another containing your registration Details, next steps and useful links.

