

Call for Abstracts

International Neuropsychological Society | 55th Annual North American Meeting
Boston, Massachusetts, USA | February 10-13, 2027

Conference Theme: From Neurocircuits to People

INS President: Mary Kosmidis, PhD
Program Chairs: Marios Constantinou, PhD & Nick Puente, PhD
Continuing Education Chair: Maria Schultheis, PhD

Submissions Due by August 19th, 2026

Message from Drs. Marios Constantinou and Nick Puente, 2027 INS Program Committee Co-Chairs:

The 2027 meeting of the International Neuropsychological Society in Boston centers on the theme “From Neurocircuits to People,” reflecting the evolving integration of neuroscience, cognition, and lived human experience. Contemporary neuropsychology stands at a critical junction—where advances in neural circuitry, computational modeling, and brain imaging increasingly inform how we understand behavior, identity, and clinical outcomes.

We particularly encourage submissions that:

- Integrate neurobiological and psychosocial perspectives
- Translate basic neuroscience into clinical or applied settings
- Address diversity, equity, and cultural factors in neuropsychological research and practice
- Explore innovative methodologies, including digital health, AI, and ecological assessment

Conference Theme: From Neural Circuits to People

What does it really mean to understand the brain? In today’s neuropsychology, it’s no longer enough to study neural circuits in isolation—we are increasingly challenged to connect those findings to real people, real lives, and real-world outcomes.

The theme of the 2027 International Neuropsychological Society meeting in Boston, “From Neurocircuits to People,” reflects this shift. It highlights the journey from brain mechanisms and networks to the thoughts, emotions, behaviors, and everyday experiences they shape.

Call for Abstracts

We warmly invite researchers, clinicians, and interdisciplinary professionals to submit abstracts aligned with this theme. Whether your work focuses on basic science, clinical populations, or applied practice, we are particularly interested in contributions that connect brain systems to meaningful human outcomes.

Join us in Boston in 2027 as we come together to explore not just how the brain works—but how it matters in people’s lives.

SIG Highlighted Abstracts: INS Special Interest Groups (SIGs) will highlight relevant abstract submissions at INS Boston. To be considered, please select the appropriate SIG’s name upon submission.

SIG Symposia: Submitters must coordinate SIG symposia proposals with the individual SIGs, and attest that the relevant SIG’s Executive Committee has approved their submission.

SUBMISSION GUIDELINES — Read All BEFORE Submitting

Submitting Author Requirements:

- INS membership is not required to submit. INS members get discounts on registration and continuing education if 2027 dues are paid. *Not a member? [Join here.](#)*
- **Accepted abstracts must be presented by the designated presenting author.** The submitting author must formally communicate any presenter changes to abstracts@the-ins.org.
- **All presenters must pay the general meeting registration fee.** All authors are responsible for their own meeting registration, accommodations, travel, and other meeting-related expenses.
- We need the presenter's student status for awards consideration.
- Authors must agree to the **INS attendee code of conduct**.

Schedule Considerations

By submitting, authors commit to be available to present on the date and time they are assigned.

Accepted abstracts may be scheduled at any time during the meeting at INS' sole discretion.

There is no limit on submissions, but authors are asked to use discretion as submitting multiple abstracts is likely to create scheduling problems.

Submission Guidelines & Info:

- **The submission deadline is Wednesday August 19th, 2026 at exactly 11:59pm U.S. Eastern Time (-0400 UTC). No late submissions are accepted.** Submissions still in draft after the deadline will not be considered.
- The body of submitted abstracts may not exceed 500 words. Submissions must be organized under the headings: *Objective, Participants and Methods, Results, and Conclusions*.
- Authors may edit submitted abstracts, but **ONLY** prior to the submission deadline. All edits **MUST** be complete by the submission deadline. **Submissions will be published exactly as received.** **Please proofread carefully before submitting.**
- **Once the submission deadline has passed, only minimal changes to the formal abstract may be accommodated (including author changes or other crucial content changes, but not to correct typos or simple author-entry errors).** Author changes **AFTER** the posted submission deadline must be emailed to abstracts@the-ins.org for approval and processing. INS reserves the right to decline to accommodate correction requests.
- Submitting authors will be notified of acceptance decisions by mid-October, and schedule assignments will be sent in early November.
- Late breaking abstracts will be accepted from approximately September 4 through October 7, 2026. **Late breaking submissions will only be considered as posters, which, if accepted, will be presented during a designated late breaking poster session on Saturday February 13, 2027. Refer to the call for late breaking abstract submissions, which will be published later this year.**
- Abstracts that are accepted and presented at the meeting will be published after the meeting in a supplemental issue of the *Journal of the International Neuropsychological Society: JINS*.

ONLINE SUBMISSION:

Submit ABSTRACTS: bit.ly/INS-Boston-2027-abstracts

Including PAPER or POSTER, and PARTICIPATING SYMPOSIUM ABSTRACTS (you must have the symposium chair's permission to participate in a symposium)

Submit a SYMPOSIUM: bit.ly/INS-Boston-2027-symposia

The proposal must be submitted FIRST, before participating abstracts can be attached to it — see next page for important details!

Questions? Email abstracts@the-ins.org

AVAILABLE PRESENTATION FORMATS

Authors may submit **individual abstracts** for *poster or paper* consideration, or a complete **symposium proposal** consisting of an integrated session with 4-5 linked abstracts.

- 1. Poster sessions:** Posters are an effective and popular method for communicating scientific information, providing an intimate forum for informal discussion. Poster sessions are typically arranged by submission category. Presenters are expected to stay with their poster for the duration of the session (typically 75 minutes) to discuss their abstract and answer questions.
- 2. Paper sessions:** Paper sessions are topical oral sessions, arranged at the discretion of the program chairs. Five to six outstanding abstracts are typically selected for each paper session. Each presenter receives approximately 14-18 minutes for oral presentation and audience discussion. A moderator introduces speakers, encourages discussion, and keeps the session running on time.
- 3. Symposia sessions:** Symposia are topical platform sessions dealing with specific issues in clinical neuropsychology. **Each symposium must be pre-organized by a single chair and submitted as an integrated session proposal (consisting of one summary/overview and 4-5 participating symposium abstracts). Symposium proposals that do not meet these criteria will not be considered. The symposium chair is SOLELY responsible for ensuring their symposium proposal is complete and meets all guidelines.**
 - A **complete symposium proposal** consists of an overview *Symposium Summary*, plus 4-5 *Symposium Abstracts* (which can be submitted by the symposium chair or their selected symposium participants). Symposium abstracts should be closely linked and integrated.
 - Accepted oral symposia are typically allotted 75-90 minutes. Chairs may divide the session between the participants and should include time for a review led by the symposium organizer or a discussant (which should correspond to the **symposium summary**), as well as a dedicated question and answer period. In the case of a symposium that expresses divergent views on a controversial topic, two longer debate-style talks may also be appropriate.
 - If we receive more symposia proposals than can be accommodated, some symposia may be accepted as **poster symposia**. Poster symposia are presented as individual posters—during regular poster sessions—but they are grouped together to allow coordinated discussion with viewers. They are also presented in their original format in the published proceedings.

Review Process & Abstract Scoring Criteria

- All submissions are peer reviewed by several program committee members, selected according to their expertise. The program committee chairs will make the final decision on all submissions.
- **Abstracts are rated on scientific merit, relevance, breadth of audience interest, and quality—including compliance with posted guidelines.** Authors should proofread submissions and check for proper English usage prior to finalizing their submission(s).
- Please adhere to the following guidelines:
 - All abstracts must consist of original work. Abstracts submitted to other meetings or that have been previously published should not be submitted and will not be considered.
 - All research, results, and conclusions must be final at the time of submission. Abstracts that are promissory in nature will not be considered.
 - Case reports may be submitted, but should clearly describe the uniqueness of the case and how it addresses critical knowledge gaps in the field.

Questions regarding abstract submission? Contact abstracts@the-ins.org

Submit Abstracts: bit.ly/INS-Boston-2027-abstracts (including symposia abstracts)

Submit Symposia Sessions: bit.ly/INS-Boston-2027-symposia

SUBMISSION CATEGORIES

For each abstract, authors must first select an **Overall Category**, as well as the **Submission Topic** that most closely describes their submission. Authors must select a minimum of one **keyword** (or up to three).

Adult Clinical Neuropsychology

- Acquired Brain Injury (e.g., TBI, concussion, stroke, tumor)
- Adaptive Functioning (e.g., driving, daily living activities, health literacy)
- Alcohol and Other Substance Use Disorders
- Assessment, Psychometrics, and Intra-Individual Test Performance
- Disorders of Consciousness (e.g., delirium, coma)
- Drug/Toxin/Metabolism-Related Cognitive Impairment (Non-addiction)
- Epilepsy
- Forensic - Disability Determination, Competencies, Criminality, and Other
- Forensic - Performance and Symptom Validity
- Functional Neurological and Conversion Disorders
- Neurobehavioral syndromes (e.g., apathy, disinhibition, impaired judgement)
- Nonpsychotic Psychiatric Disorders (e.g., mood, anxiety, impulse control, OCS, etc.)
- Psychotic Disorders (e.g., schizophrenia, bipolar psychosis, delusional)
- Sensory/Perceptual Disorders (e.g., anosmia, peripheral neuropathy, vision/hearing loss)

Aging and Neurodegenerative Conditions

- Alzheimer's Disease/Dementia
- Demyelinating, Autoimmune, and Inflammatory Diseases (e.g., MS, ALS, Guillain Barre)
- Frontotemporal, Vascular, Lewy Body, and Other Dementias
- Mild Cognitive Impairment and Other Risk Factors for Dementia
- Movement Disorders (e.g., Parkinson's, Huntington's, dystonia, tremor)
- Typical Aging and Cognitive Decline

Brain Health, Equity, and Global Neuropsychology

- Brain Health and Positive Neuropsychology
- Cross-Cultural Neuropsychology and Global Approaches
- Health Disparities and Equity in Brain Health
- Public Health and Service Evaluation

Cognitive and Affective Neuroscience

- Cerebral Lateralization / Callosal Studies / Behavioral Neurology
- Executive Functions and Frontal Lobe Processes
- Language and Speech / Aphasia
- Memory and Amnesia
- Social, Emotional, and Affective Processes
- Visuospatial Processing, Neglect, and Agnosia

Intervention and Rehabilitation

- Clinical Service Delivery and Models of Care
- Cognitive Interventions
- Lifestyle Interventions
- Psychosocial and Behavioral Interventions
- Technology-Assisted and Digital Interventions

Medical, Infectious, and Genetic Conditions

- Anoxia / Hypoxia
- Genetic, Toxic, and Metabolic Disorders
- Infectious Disease (e.g., HIV, COVID, Hepatitis)
- Sleep and Circadian Disorders
- Systemic Conditions (e.g., diabetes, cancer, pulmonary, cardiovascular)

Neurodevelopmental Disorders and Pediatric Neuropsychology

- ADHD and Attentional Disorders
- Autism, Intellectual, Speech/Language, and Other Developmental Disorders
- Family Environment, Pediatric Health Disparities, and Pediatric Cross-Cultural Considerations
- Learning Disabilities, Academic Skills, and Giftedness
- Pediatric Assessment and Psychometrics
- Pediatric Neurological and Acquired Brain Injuries (e.g., TBI, vascular injury, epilepsy)
- Pediatric Psychosocial, Emotional, and Psychiatric Conditions
- Pediatric Systemic and Medical Conditions (e.g., cancer, infections, genetic disorders)
- Prenatal/Congenital and Perinatal Factors and Associated Conditions

Other

- For submissions that do not clearly fit into another category

Professional Development and Training

- Career Development and Mentorship
- Education and Training Programs
- Innovative Teaching and Learning Strategies

Research Methods and Emerging Technologies

- General Methodology, Psychometrics, and Assessment
- Neuroimaging: MRI/MRA (structure & function), PET, fNIRS
- Neuromodulation and Neurostimulation (e.g., DBS, TMS, tDCS)
- Neurophysiology: EEG / ERP / MEG
- Teleneuropsychology

Questions regarding abstract submission? Contact abstracts@the-ins.org