

AANN Advances in Stroke Care Conference Registration Form

Thursday, August 25–Saturday, August 27, 2016 • Rosemont, IL

For Office Use Only

Cust # _____ Mtg Ord #1- _____
Date _____

Complete name _____ First name for badge _____

Title _____ Credentials _____

Facility _____ Facility city/state _____

Mailing address (home work) _____

City/State/ZIP _____ (FTA) Check here if this will be your first AANN meeting.

Daytime phone (home work) (_____) Fax (_____) E-mail (Required*) _____

In case of emergency during the conference, please contact:

Name _____ Daytime phone (_____) Evening phone (_____)

Registration Fees

A

	Member	Nonmember
Full Conference	<input type="checkbox"/> \$300	<input type="checkbox"/> \$420
Full Conference & SCRN exam registration	<input type="checkbox"/> \$550	<input type="checkbox"/> \$670
Full Conference & Stroke book	<input type="checkbox"/> \$380	<input type="checkbox"/> \$500
Full Conference, Stroke Book & SCRN exam registration	<input type="checkbox"/> \$650	<input type="checkbox"/> \$770
	Subtotal A \$ _____	

Sessions

B

Thursday, August 25, 2016		Friday, August 26, 2016		Saturday, August 27, 2016	
1:30–3 pm	Keynote	8 am–5:45 pm	<input type="checkbox"/> SCRN Review	8–9 am	<input type="checkbox"/> SCRN Review
3:15–4:15 pm	<input type="checkbox"/> 0 1	8–9 am	<input type="checkbox"/> 0 3	9:10–10:10 am	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4:25–5:25 pm	<input type="checkbox"/> 0 2	9:10–10:10 am	<input type="checkbox"/> 0 4	10:25–11:25 am	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		10:25–11:25 am	<input type="checkbox"/> 0 5		
		11:35 am–12:35 pm	<input type="checkbox"/> 0 6		
		1:30–2:30 pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		2:40–3:40 pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		3:45–4:45 pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		4:55–5:55 pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Special Requests

- I require special assistance. Please contact me.
- I do not wish to have my name and contact information included in the onsite attendee list.
- I will need vegetarian meals.
- I have special dietary needs. (please specify) _____

4 easy ways to register

Online*

www.AANN.org/StrokeConference

Mail

AANN Stroke Conference
8735 W. Higgins Road, Suite 300
Chicago, IL 60631-2738

Phone*

847.375.4733, 888.557.2266
Mon-Fri, 8 am–6 pm CT

Fax*

847.375.6430

If you fax this form, please do not mail the original.

**credit card payment only*

Payment must accompany registration.

Cancellation Policy: ALL CANCELLATIONS MUST BE MADE IN WRITING. A \$100 processing fee will be charged for all cancellations postmarked more than 14 days before the event. No refunds will be made under any circumstances on cancellations postmarked after **August 11, 2016.**

AANN reserves the right to substitute faculty or to cancel or reschedule sessions because of low enrollment or other unforeseen circumstances. If AANN must cancel the entire meeting, registrants will receive a full credit or refund of their paid registration fee. No refunds can be made for lodging, airfare, or any other expenses related to attending the conference.

Thank you for your registration.

Tax ID #362676392

Payment (must accompany registration form)

-  **VISA**  **DISCOVER** Check (enclosed)

- If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.
- I authorize AANN to charge the above-listed credit card an amount reasonably deemed by AANN to be accurate and appropriate.

- Make checks payable to AANN.
- Checks not in U.S. funds will be returned.
- A charge of \$25 will apply to checks returned for insufficient funds.

Card number _____

Expiration date _____

Signature _____

Cardholder's name (Please print) _____