

AANN ADVANCES IN STROKE CARE CONFERENCE

Thursday, August 20-Saturday, August 22, 2020 • Virtual

For Office Use Only

Cust # _____ Mtg Ord #1- _____
Date _____

Complete name _____

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 (_____) _____

Advances in Stroke Care Conference Registration Fees A		
	Member	Nonmember
Full conference	<input type="checkbox"/> \$375	<input type="checkbox"/> \$599
Full conference & SCRN exam registration	<input type="checkbox"/> \$640	<input type="checkbox"/> \$964
Full conference & stroke book	<input type="checkbox"/> \$462	<input type="checkbox"/> \$736
Full conference, stroke book, & SCRN exam registration	<input type="checkbox"/> \$747	<input type="checkbox"/> \$1121
Subtotal A \$ _____		

Advances in Stroke Care Conference Sessions B	
Wednesday, August 19, 2020	
8 am-3:30 pm CDT SCRN Review Course	<input type="checkbox"/> Additional fee \$120
Thursday, August 20, 2020	
9 am-1 pm CDT 3D Stroke Anatomy and Assessment	<input type="checkbox"/> Additional fee \$60
Friday, August 21-Saturday, August 22, 2020	
See AANN.org/strokeconference/schedule for offerings.	
Subtotal B \$ _____	

Special Requests

I do not wish to have my name and contact information included in the onsite attendee list.

4 EASY WAYS TO REGISTER

Online*

AANN.org/StrokeConference

Mail

AANN Stroke Conference
PO Box 3781
Oak Brook, IL 60522

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 6, 2020**.

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

A + B = Total \$ _____ **C**

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) _____