

# AANN ADVANCES IN STROKE CARE CONFERENCE

Thursday, August 5-Saturday, August 7, 2021 • 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"/> \$1,121
<b>Subtotal A \$</b>		_____

**Special Requests**

I do not wish to have my name and contact information included in the 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 **July 22, 2021**.

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

Advances in Stroke Care Conference Sessions		B
<b>Wednesday, August 4, 2021</b>		
8 am-4:30 pm CDT	SCRN Review Course	<input type="checkbox"/> Additional fee \$120
<b>Thursday, August 5, 2021</b>		
9 am-1 pm CDT	3D Stroke Anatomy and Assessment	<input type="checkbox"/> Additional fee \$60
2-4 pm CDT	Experiences from the COVID Cloud: Emerging with Resilience	<input type="checkbox"/> Additional fee \$30
2-4 pm CDT	Overview of the Care of the Patient with Acute Ischemic Stroke	<input type="checkbox"/> Additional fee \$30
<b>Friday, August 6, 2021</b>		
9:50-10:50am	<input type="checkbox"/>	2:25-3:25pm <input type="checkbox"/>
10:55-11:55am	<input type="checkbox"/>	3:40-4:40pm <input type="checkbox"/>
12:10-1:10pm	<input type="checkbox"/>	4:45-5:45pm <input type="checkbox"/>
<b>Saturday, August 7, 2021</b>		
8:30-9:30am	<input type="checkbox"/>	12-1pm <input type="checkbox"/>
10:10-11:10am	<input type="checkbox"/>	1:05-2:05pm <input type="checkbox"/>
See <a href="http://AANN.org/strokeconference">AANN.org/strokeconference</a> for the full schedule.		
<b>Subtotal B \$</b>		_____

**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) \_\_\_\_\_