

# AANN Advances in Stroke Care Conference Registration Form

Thursday, August 10–Saturday, August 12, 2017 • 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"/> \$424 |  |
| Full conference & SCRN exam registration               | <input type="checkbox"/> \$595 | <input type="checkbox"/> \$719 |  |
| Full conference & stroke book                          | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$504 |  |
| Full conference, stroke book, & SCRN exam registration | <input type="checkbox"/> \$675 | <input type="checkbox"/> \$799 |  |
|  | <b>Subtotal A \$ _____</b>     |                                |  |

### 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)*

\_\_\_\_\_

| Sessions  |   | B  |  |
|---|---|--|--|
| Thursday, August 10, 2017                         | Friday, August 11, 2017                           | Saturday, August 12, 2017                      |  |
| 11 am–12:30 pm Keynote                            | 8 am–5:55 pm <input type="checkbox"/> SCRN Review | 8–9 am <input type="checkbox"/> 1 2            |  |
| 12:45–1:45 pm Non-CE Symposium Supported by Arbor | 8 am–12:35 pm <input type="checkbox"/> Anatomy    | 9:10–10:10 am <input type="checkbox"/> 1 3     |  |
| 2–3 pm <input type="checkbox"/> 0 1               | 8–9 am <input type="checkbox"/> 0 4               | 10:25–11:25 am <input type="checkbox"/> 1 4    |  |
| 3:10–4:10 pm <input type="checkbox"/> 0 2         | 9:10–10:10 am <input type="checkbox"/> 0 5        | 11:35 am–12:35 pm <input type="checkbox"/> 1 5 |  |
| 4:20–5:20 pm <input type="checkbox"/> 3           | 10:25–11:25 am <input type="checkbox"/> 0 6       |  |  |
|   | 11:35 am–12:35 pm <input type="checkbox"/> 0 7    |  |  |
|   | 1:30–2:30 pm <input type="checkbox"/> 8           |  |  |
|   | 2:40–3:40 pm <input type="checkbox"/> 9           |  |  |
|   | 3:45–4:45 pm <input type="checkbox"/> 1 0         |  |  |
|   | 4:55–5:55 pm <input type="checkbox"/> 1 1         |  |  |

### 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 **July 28, 2017.**

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) \_\_\_\_\_