

2018 ASPN Annual Meeting | January 12th- 14th Arizona Biltmore Hotel, Phoenix, Arizona

ATTENDEE INFORMATION *(please print clearly)*




| | | | |
|----------------------|----------------|--|---------|
| First Name | Middle Initial | Last Name | Degree |
| Hospital/Affiliation | | Address | |
| City | State/Province | Zip | Country |
| Phone | | Email Address <i>(required for confirmation)</i> | |



REGISTRATION FEES

All Fees Quoted & Payable In U.S.D.

| | | | |
|--|---|--------------------------|------------------|
| Please register me as: | REGULAR <i>After 11/10/17</i> | | |
| Member | | <input type="checkbox"/> | \$695 |
| Candidate Member | | <input type="checkbox"/> | \$425 |
| Affiliate/Associate Member | | <input type="checkbox"/> | \$695 |
| Invited Non-Member Faculty | | <input type="checkbox"/> | \$695 |
| Non-Member Physician | | <input type="checkbox"/> | \$895 |
| Non-Member Allied Health Professional | | <input type="checkbox"/> | \$895 |
| Resident/Fellow <i>(with verification letter from program chief)*</i> | | <input type="checkbox"/> | \$375 |
| Medical Student | | <input type="checkbox"/> | \$375 |
| Senior Member | | <input type="checkbox"/> | \$425 |
| REGISTRATION FEE SUBTOTAL: | | \$ | |
| Additional Registration Categories | Fee per Ticket | Qty. | Total Fee |
| <input type="checkbox"/> AAHS Dinner Dance Adult/Spouse Ticket <i>(Friday, 1/12)</i> | \$175 | | |
| <input type="checkbox"/> ASPN/ASRM Welcome Reception Adult/Spouse Ticket <i>(Saturday, 1/13)</i> | \$65 | | |
| <input type="checkbox"/> ASPN/ASRM Welcome Reception Child Ticket <i>(Saturday, 1/13)</i> | \$25 | | |
| ADDITIONAL REGISTRATION SUBTOTAL: | | \$ | |
| Option Activities | Fee per Ticket | Qty. | Total Fee |
| <input type="checkbox"/> AAHS/ ASRM HSE Golf Tournament <i>(Saturday, 1/13)</i> | \$300 | | |
| <input type="checkbox"/> Golf Club Rental | \$69 | | |
| <input type="checkbox"/> Golf Shoe Rental <i>(limited quantities)</i> | \$15 | | |
| ADDITIONAL ACTIVITIES SUBTOTAL: | | \$ | |
| GRAND TOTAL: | | \$ | |

PAYMENT *(must accompany application)*

Name (as it appears on Card) _____
Security Code: _____ *(Your credit card's security code is a three or four digit security code located on the front or back of your credit card. See card images above.)*
CREDIT CARD NUMBER: _____ **EXPIRATION MONTH/YEAR:** ____ / ____
BILLING ADDRESS _____
(If not the same as address listed above)
SIGNATURE: _____ I authorize ASPN to charge my credit card the above fees.

What is your primary specialty?

Orthopedic General Surgery
 Plastic Surgery Other: _____

License Number: _____ **NPI Number** _____
State Licensed In: _____

Pursuant to the Americans with Disabilities Act, I require specific aids or services. Please specify below.

Audio Visual Mobile Dietary Other (please specify): _____

CANCELLATIONS: All requests for cancellations must be in writing and received at the ASPN Administrative Offices on or before November 10, 2017. The registration fee, less a \$75 processing fee, will be refunded after the meeting. No refunds are available for partial attendance. No refunds will be issued for cancellations received after November 10, 2017.

Please Send ASPN Registration Forms to ASPN Offices: 500 Cummings Center Suite 4400 Beverly, MA 01915 or Fax to (978) 524-0461