

2018 ASPN Annual Meeting | January 12th- 14th El Conquistador Hotel, Fajardo, Puerto Rico

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:	EARLY BIRD <i>Before 11/4/17</i>	REGULAR <i>After 11/5/17</i>	
Member	<input type="checkbox"/> \$570	<input type="checkbox"/> \$695	
Candidate Member	<input type="checkbox"/> \$300	<input type="checkbox"/> \$425	
Affiliate/Associate Member	<input type="checkbox"/> \$570	<input type="checkbox"/> \$695	
Invited Non-Member Faculty	<input type="checkbox"/> \$570	<input type="checkbox"/> \$695	
Non-Member Physician	<input type="checkbox"/> \$770	<input type="checkbox"/> \$895	
Non-Member Allied Health Professional	<input type="checkbox"/> \$770	<input type="checkbox"/> \$895	
Resident/Fellow <i>(with verification letter from program chief)*</i>	<input type="checkbox"/> \$250	<input type="checkbox"/> \$375	
Medical Student	<input type="checkbox"/> \$250	<input type="checkbox"/> \$375	
Senior Member	<input type="checkbox"/> \$300	<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 4, 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