

Course Registration Form

2018 AANS ANNUAL SCIENTIFIC MEETING

ERNEST N. MORIAL CONVENTION CENTER | NEW ORLEANS | APRIL 28-MAY 2, 2018



First/Given Name _____ Last/Family Name _____

Member ID # _____ Daytime Phone Number _____
(including country code if applicable)

Address _____

Unique Email Address _____

City _____ State _____ Zip _____ Country _____

Speakers/Moderators/Panelists/Faculty/Directors

You are required to register for the 2018 AANS Annual Scientific Meeting using the appropriate membership category. No one-day speaker badges will be issued. However, there will be no fee assessed for the course(s) in which you are presenting.

Marshaling Opportunity

I am a Candidate (Resident or Fellow) or Medical Student and would like to participate in the Marshal Program.

Thursday, April 26, and Friday, April 27 — Second International Brain Mapping Course

Second International Brain Mapping Course, An AANS Masters Course Held in Cooperation with the NREF (Separate Registration Required)

- AANS Neurosurgeon Member (\$475) Neurosurgeon Non-member (\$575) Resident and Advanced Practice Provider Member (\$300)
 Resident and Advanced Practice Provider Non-member (\$400)
 I am registering for this course ONLY and NOT the 2018 AANS Annual Scientific Meeting.

TOTAL COST Thursday/Friday \$ _____

Sunday, April 29 — The NeuroPoint Alliance and Your Practice Course

The NeuroPoint Alliance and Your Practice: Using Registries to Enhance Quality, Reimbursement, Certification and Clinical Research (Separate Registration Required)

Participating in NPA Project:

- Physician \$210
 Fellow, Resident and Medical Student \$50
 Advanced Practice Provider and Office Administrator/Staff \$150

Not Participating in NPA Project:

- Physician \$600
 Fellow, Resident and Medical Student \$150
 Advanced Practice Provider and Office Administrator/Staff \$420

Participating in NPA Promotion Code: _____

I am registering for this course ONLY and NOT the 2018 AANS Annual Scientific Meeting.

TOTAL COST NPA \$ _____

2018 AANS Annual Scientific Meeting

Saturday, April 28 To register for Cadaveric Practical Clinics, you must complete and return the Practical Clinic Participant Agreement, Waiver and Release Form.

Practical Clinics

Enter three-digit clinic number from the Meeting Reference Sheet

First Choice

All-day clinic _____ \$ _____
Morning clinic _____ \$ _____
Afternoon clinic _____ \$ _____

Second Choice

All-day clinic _____ \$ _____
Morning clinic _____ \$ _____
Afternoon clinic _____ \$ _____

081 Neurosurgeon-Scientist Career Development Course (\$350), C&Ms* (\$65)

TOTAL COST Saturday \$ _____

Sunday, April 29

Practical Clinics

Enter three-digit clinic number from the Meeting Reference Sheet

First Choice

All-day clinic _____ \$ _____
Morning clinic _____ \$ _____
Afternoon clinic _____ \$ _____

Second Choice

All-day clinic _____ \$ _____
Morning clinic _____ \$ _____
Afternoon clinic _____ \$ _____

TOTAL COST Sunday \$ _____

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American
Association of
Neurological
Surgeons

First/Given Name _____

Last/Family Name _____

Monday, April 30

Breakfast Seminars (\$100), C&MS* (\$65)

Enter three digit breakfast seminar
reference number from Meeting
Reference Sheet.

First Choice

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Second Choice

|_|_|_|

Other Sessions & Events

150 AANS/CNS Section on Women in Neurosurgery (WINS) Breakfast (\$100) C&MS* (\$65) | Non-CME Event

Afternoon Sessions

175 Neurosurgery "In Press": Latest Results of Clinical Trials In Neurosurgery and Allied Fields

178 Advanced Practice Providers (APPs) Luncheon: The Privilege of Service — Volunteerism in Neurosurgery (\$25)

Dinner Symposia

176 New Strategies for Endovascular Aneurysm Treatment (\$195)

177 "Ripped from The Headlines" Doctors in Medico-Legal Crosshairs. Lessons Learned to Keep Lawyers and Regulators Away (\$195)

Evening Events

151 AANS Section On The History Of Neurological Surgery Annual Dinner (\$150) | Non-CME Event Quantity _____

AANS International Reception – Complimentary for International Attendees, (\$25) for U.S. and Canadian Attendees Quantity _____

TOTAL COST Monday \$ _____

Tuesday, May 1

Breakfast Seminars (\$100), C&MS* (\$65)

Enter three digit breakfast seminar
reference number from Meeting
Reference Sheet.

First Choice

|_|_|_|

Second Choice

|_|_|_|

Other Sessions & Events

Young Neurosurgeons Luncheon (\$25) | Non-CME Event

Afternoon Sessions

275 Advancements in Neurotrauma Care (\$100)

Dinner Symposia

276 Novel Techniques and Strategies to Treat Spine Disease in the Aging Population (\$195)

277 Update on the Latest Advances in Fluorescence in Surgical Microscopy (\$195)

TOTAL COST Tuesday \$ _____

Wednesday, May 2

Breakfast Seminars (\$100), C&MS* (\$65)

Enter three digit breakfast seminar
reference number from Meeting
Reference Sheet.

First Choice

|_|_|_|

Second Choice

|_|_|_|

TOTAL COST Wednesday \$ _____

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First/Given Name _____

Last/Family Name _____

Method of Payment

Visa MasterCard American Express Check Please make check payable in U.S. dollars to AANS.

Check # _____ Amount Paid _____

Credit Card Number _____ Exp. Date _____

Print name as it appears on credit card _____

Signature _____

Date _____

I agree to pay above total amount according to card issuer agreement.

Ways to Register

Completed Registration Forms with credit card details may be submitted online, faxed or mailed* to the AANS Registration Department. The AANS online registration form is the most immediate and secure method of registration.

Online: www.aans.org/AANS2018

Email: aansannual@compusystems.com

Fax: 708.344.4444

Mail: AANS Registration Department

c/o CompuSystems

2651 Warrenville Rd, Suite 400

Downers Grove, IL 60515

For wire transfers, please contact the AANS Registration Department at 224.563.3171 or aansannual@compusystems.com. *Please note the postmark date will not be considered as the received date. Please allow a minimum of five days for mail delivery.

Confirmation

All registrants will receive a confirmation letter by email, fax or mail confirming their enrollment in courses within 48 hours of receipt of registration forms. If you have any questions after reviewing your confirmation letter, please contact the AANS Registration Department at 224.563.3171 or aansannual@compusystems.com.

Cancellation Policy

Requests for cancellation of meeting and/or guest registrations and all ticketed events must be received in writing at the AANS no later than April 2, 2018 in order to receive a full refund less a \$50 processing fee. Requests for cancellation received between April 3, 2018 and April 19, 2018 will be charged a \$100 processing fee. No refunds will be made on or after April 20, 2018. Cancellation request may be faxed to 708.344.4444 or mailed to AANS Registration Department, c/o CompuSystems, 2651 Warrenville Rd., Suite 400, Downers Grove, IL 60515 or emailed to aansannual@compusystems.com.