

# Registration Form

2018 AANS ANNUAL SCIENTIFIC MEETING

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



American Association of Neurological Surgeons

First/Given Name	Last/Family Name	Member ID #	Daytime Phone Number (including country code if applicable)
Address		Unique Email Address	
City	State	Zip	Country

Please contact me regarding special needs for dietary requirements, handicap or disability.

**Required:** All information must be completed. Please print clearly. Please provide us with your NPI (National Provider Identifier) number \_\_\_\_\_  
(For details regarding NPI numbers, please refer to [www.aans.org/AANS2018/Registration](http://www.aans.org/AANS2018/Registration).)

## ADVANCE REGISTRATION DEADLINE is Wednesday, March 21, 2018

	On or before 3/21	After 3/21		<b>PAYMENT DUE</b>
<input type="checkbox"/> AANS Neurosurgeon Member (901)	\$799	\$899	<input type="checkbox"/> I would like a ticket for the AANS International Reception on Monday, April 30, 8-9:30 p.m. (Complimentary for International Attendee, \$25 for U.S. and Canadian Attendees)	Registration Fee \$ _____
<input type="checkbox"/> AANS Retired Lifetime Member (927)	\$495	\$595		Reception Fees \$ _____
<input type="checkbox"/> Non-member Neurosurgeon (902)	\$999	\$1099	<b>Please donate to the NREF</b> <a href="http://www.nref.org">www.nref.org</a> Support education and research to advance neurosurgery and patient care. <input type="checkbox"/> \$350 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> Other: _____ <input type="checkbox"/> Contact me about joining the Cushing Circle of Giving	Membership Dues \$ _____
<input type="checkbox"/> Non-member Physician — Other (903)	\$999	\$1099		NREF Donation \$ _____
<input type="checkbox"/> Non-member/Non-physician (904)	\$999	\$1099	<b>TOTAL PAYMENT</b> \$ _____	Each registration includes one ticket to the Opening Reception on Sunday, April 29, 7-9 p.m., Generations Hall.
<input type="checkbox"/> AANS Military Neurosurgeon Member <sup>1</sup> (905)	\$0	\$0		<input type="checkbox"/> I would like _____ additional ticket(s) to the Opening Reception for \$250 each. If a badge is required please complete the Guest Registration Form.
<input type="checkbox"/> U.S. Armed Forces Neurosurgeon Non-member (974)	\$570	\$670	<b>METHOD OF PAYMENT</b>	
<input type="checkbox"/> Resident/Candidate Member (906)	\$200	\$200	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
<input type="checkbox"/> Resident/Candidate Non-member <sup>2</sup> (908)*	\$440	\$540	<input type="checkbox"/> Check (Please make check payable in U.S. dollars to: AANS)	
<input type="checkbox"/> International Candidate (Resident/Fellow) Member (907)	\$250	\$350	Credit Card # or Check # _____	Exp. Date _____
<input type="checkbox"/> International Candidate (Resident/Fellow) Non-member <sup>2</sup> (909)*	\$440	\$540	Security Code _____	
<input type="checkbox"/> Medical Student Member (929)	\$50	\$50	Print name as it appears on credit card _____	
<input type="checkbox"/> Medical Student Non-member <sup>3</sup> (971)*	\$150	\$150	Signature _____ Date _____	
<input type="checkbox"/> Advanced Practice Provider Member (978)	\$455	\$555	I agree to pay above total amount according to card issuer agreement.	
<input type="checkbox"/> Advanced Practice Provider Non-member <sup>4</sup> (979)*	\$555	\$655	<b>PHOTOGRAPHY/VIDEO WAIVER</b>	
<input type="checkbox"/> Commercial Press <sup>6</sup> (915)*	\$475	\$575	AANS plans to take photographs at the 2018 AANS Annual Scientific Meeting and reproduce them in AANS educational, news or promotional material, whether in print, electronic or other media, including the AANS website. By participating in the 2018 AANS Annual Scientific Meeting, you grant the AANS the right to use your images and biography for such purposes. All postings become the property of the AANS. Postings may be displayed, distributed or used by the AANS for any purpose.	
*See <a href="http://www.aans.org/AANS2018/Registration">www.aans.org/AANS2018/Registration</a> for more information regarding these categories.			<b>CANCELLATION POLICY</b>	
Please note: Each medical registrant must use a separate form.			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 <a href="mailto:aansannual@compusystems.com">aansannual@compusystems.com</a> .	
<input type="checkbox"/> I would like to pay dues to renew my membership.			<b>CONFIRMATION</b>	
<input type="checkbox"/> Exclude me from the pre-meeting mailing lists and related exhibitor mailings prior to the meeting.			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 call the AANS Registration Department at 224.563.3171 or email <a href="mailto:aansannual@compusystems.com">aansannual@compusystems.com</a> .	
<sup>2</sup> All non-member residents and fellows currently enrolled in a training program need to attach a letter from your training program director or have your director sign the below statement.				
I certify that the individual named above is a resident in a neurosurgical training program accredited by the ACGME and the Residency Review Committee for Neurosurgery.				
Program Director (Print Name) _____				
Program Director Signature _____			Date _____	
<b>WAYS TO REGISTER</b> 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: <a href="http://www.aans.org/AANS2018">www.aans.org/AANS2018</a>		Mail: AANS Registration Department		
Email: <a href="mailto:aansannual@compusystems.com">aansannual@compusystems.com</a>		c/o CompuSystems		
Fax: 708.344.4444		2651 Warrenville Rd., Suite 400		
		Downers Grove, IL 60515		
For wire transfers, please contact the AANS Registration Department at 224.563.3171 or <a href="mailto:aansannual@compusystems.com">aansannual@compusystems.com</a> .				
*Please note the postmark date will not be considered as the received date. Please allow a minimum of five days for mail delivery.				