

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.)

ADVANCE REGISTRATION DEADLINE is Wednesday, March 21, 2018

| | On or before 3/21 | After 3/21 | |
|---|-------------------|------------|---|
| <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) |
| <input type="checkbox"/> AANS Retired Lifetime Member (927) | \$495 | \$595 | |
| <input type="checkbox"/> Non-member Neurosurgeon (902) | \$999 | \$1099 | |
| <input type="checkbox"/> Non-member Physician — Other (903) | \$999 | \$1099 | |
| <input type="checkbox"/> Non-member/Non-physician (904) | \$999 | \$1099 | |
| <input type="checkbox"/> AANS Military Neurosurgeon Member ¹ (905) | \$0 | \$0 | |
| <input type="checkbox"/> U.S. Armed Forces Neurosurgeon Non-member (974) | \$570 | \$670 | |
| <input type="checkbox"/> Resident/Candidate Member (906) | \$200 | \$300 | |
| <input type="checkbox"/> Resident/Candidate Non-member ² (908)* | \$440 | \$540 | |
| <input type="checkbox"/> International Candidate (Resident/Fellow) Member (907) | \$250 | \$350 | |
| <input type="checkbox"/> International Candidate (Resident/Fellow) Non-member ² (909)* | \$440 | \$540 | |
| <input type="checkbox"/> Medical Student Member (929) | \$50 | \$50 | |
| <input type="checkbox"/> Medical Student Non-member ³ (971)* | \$150 | \$150 | |
| <input type="checkbox"/> Advanced Practice Provider Member (978) | \$455 | \$555 | |
| <input type="checkbox"/> Advanced Practice Provider Non-member ⁴ (979)* | \$555 | \$655 | |
| <input type="checkbox"/> Allied Non-member ⁸ (910) | \$370 | \$410 | |
| <input type="checkbox"/> Allied Member (928) | \$320 | \$420 | |
| <input type="checkbox"/> Commercial Press ⁶ (915)* | \$475 | \$575 | |

*See www.aans.org/AANS2018/Registration for more information regarding these categories.
Please note: Each medical registrant must use a separate form.

| PAYMENT DUE | |
|----------------------|-----------------|
| Registration Fee | \$ _____ |
| Reception Fees | \$ _____ |
| Membership Dues | \$ _____ |
| NREF Donation | \$ _____ |
| TOTAL PAYMENT | \$ _____ |

Each registration includes one ticket to the Opening Reception on Sunday, April 29, 7-9 p.m., Generations Hall.
 I would like ____ additional ticket(s) to the Opening Reception for \$250 each. If a badge is required please complete the Guest Registration Form.

| METHOD OF PAYMENT | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Check (Please make check payable in U.S. dollars to: AANS) | | |
| Credit Card # or Check # | Exp. Date | Security Code |
| Print name as it appears on credit card | | |
| Signature | Date | |
| I agree to pay above total amount according to card issuer agreement. | | |

I would like to pay dues to renew my membership.
 Exclude me from the pre-meeting mailing lists and related exhibitor mailings prior to the meeting.

²All 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 _____

| 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 | Mail: AANS Registration Department |
| Email: aansannual@compusystems.com | 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 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.

| PHOTOGRAPHY/VIDEO WAIVER | |
|--|--|
| 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. | |

| 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 . | |

| 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 call the AANS Registration Department at 224.563.3171 or email aansannual@compusystems.com . | |