

Guest Registration Form

2008 AANS ANNUAL MEETING | Chicago, IL | April 26-May 1, 2008



Name

Daytime Phone Number
(including country code if applicable)

Fax Number

Address

Preferred E-mail Address

City State Zip Country

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

____ Please place personalized label here. _____

Each guest registration includes one ticket to the opening reception. No one under the age of 18 is permitted in the Exhibit Hall.

This form can be used to register up to three guests. If you have additional guests that you would like to register, please copy this form.

BADGE INFORMATION

**If you register as a guest you cannot earn CME credits, nor can you attend Breakfast Seminars or Practical Clinics*

Name

City State

Country

REGISTRATION FEES

- Spouse (950) - \$150 Guest (951) - \$150
 Child under 18 (952) - \$0 # _____

BADGE INFORMATION

**If you register as a guest you cannot earn CME credits, nor can you attend Breakfast Seminars or Practical Clinics*

Name

City State

Country

REGISTRATION FEES

- Spouse (950) - \$150 Guest (951) - \$150
 Child under 18 (952) - \$0 # _____

BADGE INFORMATION

**If you register as a guest you cannot earn CME credits, nor can you attend Breakfast Seminars or Practical Clinics*

Name

City State

Country

REGISTRATION FEES

- Spouse (950) - \$150 Guest (951) - \$150
 Child under 18 (952) - \$0 # _____

WAYS TO REGISTER

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

Online: www.AANS.org

Fax: (800) 713-0796 (U.S.)
(847) 297-5086 (International)

Mail: AANS Registration Department
c/o Conference Technology Enhancements
P.O. Box 2686
Des Plaines, IL 60018

For wire transfers, please contact the AANS Registration Department at (800) 713-0774 (U.S.), (847) 759-4260 (International), or e-mail aans2008@cteusa.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

A letter of confirmation will be sent directly to your primary attendee via e-mail or fax (if no e-mail address is supplied) or via mail (if no e-mail or fax number is supplied) within 48 hours of receipt of your registration.

CANCELLATION POLICY

Requests for cancellation of advance registration must be received in writing at the AANS no later than 3/24/08 in order to receive a full refund less a \$50 processing fee. Requests for cancellation received between 3/25/08 and 4/24/08 will be charged a \$100 processing fee. No refunds will be made after 4/24/08. Cancellation requests may be faxed to 800-713-0796 (U.S.) or 847-297-5086 (International) or mailed to AANS Registration Department, c/o Conference Technology Enhancements, P.O. Box 2686, Des Plaines, IL 60018, or e-mailed to aans2008@cteusa.com.

Do not send forms via Federal Express, UPS or Airborne. The only overnight service that will deliver to this address is the U.S. Postal Service.