

# Registration Form

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



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
*Please place personalized label here.*

Daytime Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
*(including country code if applicable)*

Preferred E-mail Address \_\_\_\_\_

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

## EARLY REGISTRATION DEADLINE IS MARCH 24, 2008

	On or before 3/24	After 3/25	Have you supported the NREF?	PAYMENT DUE		
<input type="checkbox"/> AANS Member (901)	\$550	\$650	<input type="checkbox"/> In honor of the NREF Advancing Neurosurgical Research Annual Fundraising Campaign, I would like to contribute: <input type="checkbox"/> \$175 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$ _____	Registration fee \$ _____		
<input type="checkbox"/> AANS Retired or Lifetime Member (927)	\$275	\$375		Guest \$ _____		
<input type="checkbox"/> Non-Member Neurosurgeon (902)	\$750	\$850		Membership Dues \$ _____		
<input type="checkbox"/> Non-Member Physician - Other (903)	\$750	\$850		NREF Donation \$ _____		
<input type="checkbox"/> Non-Member/Non-Physician (904)	\$750	\$850		Online Session Series \$ _____		
<input type="checkbox"/> Member of the U.S. Armed Forces (905)	\$350	\$450		<b>TOTAL PAYMENT</b> \$ _____		
<input type="checkbox"/> Neurosurgical Resident/Fellow Member* (906)	\$0	\$0		<input type="checkbox"/> YES! I want access to the 2008 Annual Meeting Online Sessions. As an attendee I will take advantage of the attendee discount and order the entire series for: <input type="checkbox"/> \$185 (AANS Member) <input type="checkbox"/> \$195 (Non-Member)		
<input type="checkbox"/> International Resident/Fellow Member (907)	\$50	\$100			<b>METHOD OF PAYMENT</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Check <i>Please make check payable in U.S. dollars to: AANS</i>	
<input type="checkbox"/> Resident/Fellow Non-Member* (908)	\$240	\$340				Check # _____ Amount Paid _____
<input type="checkbox"/> International Resident/Fellow Non-Member* (909)	\$240	\$340				Credit Card Number _____ Exp. Date _____
<input type="checkbox"/> Allied Health (910)**	\$100	\$200				Print name as it appears on credit card _____ Signature _____ Date _____
<i>**See Preliminary Program, pg. 72, for those included in the Allied Health category</i>			<i>I agree to pay above total amount according to card issuer agreement.</i>			
<input type="checkbox"/> Medical Student (929)**	\$0	\$0				
<input type="checkbox"/> Physician Assistant Member (911)	\$225	\$325				
<input type="checkbox"/> Physician Assistant Non-Member (912)	\$335	\$435				
<input type="checkbox"/> Nurse Member (913)	\$225	\$325				
<input type="checkbox"/> Nurse Non-Member (914)	\$335	\$435				
<input type="checkbox"/> Allied Member (928)	\$100	\$150				

\*Please Note: Each medical registrant must use a separate form. Additional forms are available by calling (888) 566-AANS (2267).

I would like to pay dues to renew my membership.  
 I do not wish to receive exhibitor marketing promotional mailings.

**\*\* All Medical Students:** You need to attach a photocopy of your Medical Student ID.  
**\* All Domestic and International Fellows:** You need to attach a letter from your Program Director verifying fellow status.  
**\* All Domestic and International Residents:** Your Program Director must sign the below statement:  
"I certify that the individual named below is a Resident in neurosurgical training program accredited by the ACGME and the Residency Review Committee for Neurosurgery."

Program Director (Print/Type Name) \_\_\_\_\_ Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**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](http://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](mailto: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** All registrants will receive a confirmation letter by e-mail, 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 800-713-0774 (U.S.) or 847-759-4260 (International), or E-mail: [aans2008@cteusa.com](mailto:aans2008@cteusa.com).

**CANCELLATION POLICY** Requests for cancellation of meeting 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), 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](mailto: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.

# Registration Form

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



Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_  
(include country code if applicable)

Fax Number \_\_\_\_\_

Address \_\_\_\_\_

Preferred E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**Speakers/Moderators/Panelists/Faculty/Directors:** No one-day speaker badges will be issued. FULL REGISTRATION FEES apply from page 1. However, there will be no fee assessed for the course(s) in which you are participating.

\_\_\_\_\_ Please place personalized label here. \_\_\_\_\_

## SATURDAY, APRIL 26 To register for Practical Clinics, you must complete and return the Practical Clinic Participant Agreement, Waiver and Release Form.

PRACTICAL CLINICS	1ST CHOICE	2ND CHOICE	3RD CHOICE
Enter 3 digit clinic number from the Meeting Reference Sheet	All day clinic [ ] [ ] [ ] \$ _____ or	All day clinic [ ] [ ] [ ] \$ _____ or	All day clinic [ ] [ ] [ ] \$ _____ or
	AM clinic [ ] [ ] [ ] \$ _____ and	AM clinic [ ] [ ] [ ] \$ _____ and	AM clinic [ ] [ ] [ ] \$ _____ and
	PM clinic [ ] [ ] [ ] \$ _____	PM clinic [ ] [ ] [ ] \$ _____	PM clinic [ ] [ ] [ ] \$ _____
<b>TOTAL COST</b>			Saturday \$ _____

## SUNDAY, APRIL 27 To register for Practical Clinics, you must complete and return the Practical Clinic Participant Agreement, Waiver and Release Form.

PRACTICAL CLINICS	1ST CHOICE	2ND CHOICE	3RD CHOICE
Enter 3 digit clinic number from the Meeting Reference Sheet	All day clinic [ ] [ ] [ ] \$ _____ or	All day clinic [ ] [ ] [ ] \$ _____ or	All day clinic [ ] [ ] [ ] \$ _____ or
	AM clinic [ ] [ ] [ ] \$ _____ and	AM clinic [ ] [ ] [ ] \$ _____ and	AM clinic [ ] [ ] [ ] \$ _____ and
	PM clinic [ ] [ ] [ ] \$ _____	PM clinic [ ] [ ] [ ] \$ _____	PM clinic [ ] [ ] [ ] \$ _____
<b>TOTAL COST</b>			Sunday \$ _____

**OPENING RECEPTION**  
7:00 - 9:00 PM  YES  NO

## MONDAY, APRIL 28

BREAKFAST SEMINARS \$75	1ST CHOICE	2ND CHOICE	3RD CHOICE
7:30 - 9:30 AM	[ ] [ ] [ ]	[ ] [ ] [ ]	[ ] [ ] [ ]
<b>NURSES LUNCHEON (No fee)</b> 1:00 - 2:45 PM (126)	<input type="radio"/> YES <input type="radio"/> NO		
<b>YOUNG NEUROSURGEONS LUNCHEON SESSION (No fee)</b> 1:00 - 2:45 PM (YL127)	<input type="radio"/> YES <input type="radio"/> NO		
<b>*ORGAN DONATION AND PROCUREMENT (\$75)</b> 2:00 - 4:30 PM (500)	<input type="radio"/> YES <input type="radio"/> NO		
<b>TOTAL COST</b>			Monday \$ _____

## TUESDAY, APRIL 29

BREAKFAST SEMINARS \$75	1ST CHOICE	2ND CHOICE	3RD CHOICE
7:30 - 9:30 AM	[ ] [ ] [ ]	[ ] [ ] [ ]	[ ] [ ] [ ]
<b>*INTEGRATION OF PATIENT ASSESSMENT TECHNOLOGY INTO PRACTICE (\$75)</b> 2:00 - 5:00 PM (501)	<input type="radio"/> YES <input type="radio"/> NO		
<b>DIMINISHING PROFESSIONAL LIABILITY EXPOSURE: PATIENT SAFETY, ERROR DISCLOSURE, ENHANCING COMMUNICATION (\$75)</b> 2:00 - 5:00 PM (502)	<input type="radio"/> YES <input type="radio"/> NO		
<b>TOTAL COST</b>			Tuesday \$ _____

## WEDNESDAY, APRIL 30

BREAKFAST SEMINARS \$75	1ST CHOICE	2ND CHOICE	3RD CHOICE
7:30 - 9:30 AM	[ ] [ ] [ ]	[ ] [ ] [ ]	[ ] [ ] [ ]
<b>INTERNATIONAL RECEPTION</b> 7:00 - 8:45 PM (325)	<input type="radio"/> YES <input type="radio"/> NO		
<b>TOTAL COST</b>			Wednesday \$ _____

## THURSDAY, MAY 1

BREAKFAST SEMINARS \$75	1ST CHOICE	2ND CHOICE	3RD CHOICE
7:00 - 9:00 AM	[ ] [ ] [ ]	[ ] [ ] [ ]	[ ] [ ] [ ]
<b>TOTAL COST</b>			Thursday \$ _____

\*Free for Nurses and Physician Extenders