

ADVANCE REGISTRATION FORM



American
Association of
Neurological
Surgeons

and the American Association of Neurosurgeons



AANS/CNS Section on Tumors

25th Anniversary Celebration Dinner

Hotel Del Coronado

San Diego, CA

May 2, 2009

The AANS/CNS Section on Tumors invites you to a celebration marking 25 years of fellowship, education and research designed to improve the care of patients with brain tumors. Spouses are encouraged to join us!

Evening activities include: Reception • Dinner • Dancing	6:30 PM 7:30 PM	Reception in the Garden Court Dinner in the Crown Room ~ Invited speaker - Dr. Michael Bliss ~ Charles Wilson Award Presentation
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Medical Attendee:	Last Name	First Name	Suffix
Spouse/Guest:	Last Name	First Name	Suffix
Organization			
Address			
City	State	Zip Code	Country
Phone	Fax	E-mail Address	

Registration Fee

(Per person rate includes: Transportation to/from the San Diego Marriott Hotel & Marina, Reception, Dinner, Dancing and Music)

Medical Attendee (710) \$75.00
Spouse/Guest (710) # of tickets _____ @ \$75 (each) = \$ _____
Total Due \$ _____

Method of Payment: Visa MasterCard American Express Check

Please make checks payable in U.S. dollars, drawn on a U.S. bank, and mail to:
AANS/CNS Section on Tumors
c/o CTE
P.O. Box 783
Elk Grove Village, IL 60009-0783

Please note: Do not send this form via Federal Express, UPS, or Airborne; the only overnight service that will deliver to this address is the U.S. Postal Service.

Check Number _____ Amount Paid _____

Credit Card Number _____ Exp. Date _____

Print Name as it appears on credit card _____

Signature (I agree to pay above total according to card issuer agreement)
If you are paying by credit card, fax this form to: (800) 713-0796 (U.S.) or (847) 759-6960 (International)

Ways to Register

Visit <https://www.cteusa.com/aans25> and complete an online registration form using a credit card for payment. The online registration form is the most immediate and secure method of registration.

NOTE: If you have already registered for the Annual Meeting, you will be guided directly to the events page after login.

Fax a completed registration form with credit card information to:
(800) 713-0796 (U.S.) or (847) 759-6960 (International)

Mail a completed registration form with a check or credit card information to:
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P.O. Box 783
Elk Grove Village, IL 60009-0783

Cancellation Policy

Requests for registrant cancellation must be submitted IN WRITING to:
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c/o CTE
P.O. Box 783
Elk Grove Village, IL 60009-0783
Fax: (800) 713-0796 (U.S.) or (847) 759-6960 (International)

All refunds will be processed and mailed following the 25th anniversary celebration. Refunds will be made in accordance with the following schedule:

- Cancellations received on or before Monday, March 30, 2009, will receive a full refund less a \$35 service fee.
- Cancellations received between Tuesday, March 31, 2009, and Monday, April 27, 2009, will receive a full refund less a \$50 service fee.
- No refunds will be granted if received on or after Tuesday, April 28, 2009.

Confirmation:

All registrants will receive a confirmation letter by e-mail, fax or mail confirming their enrollment 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: aans2009@cteusa.com.