Guest Registration Form

2019 AANS ANNUAL SCIENTIFIC MEETING

SAN DIEGO CONVENTION CENTER | SAN DIEGO | APRIL 13-17, 2019



A medical attendee can bring ONE guest to the meeting. Guests cannot earn CME credits nor can they register in advance for Breakfast Seminars, Practical Clinics or other ticketed courses. Guests are not eligible to attend cadaveric courses. Presenters of any kind are not eligible to register as a quest.

MEDICAL ATTENDEE INFORMATION

MANDATORY CONSENT: I consent to personal contact information to send	the AANS retaining my per future emails and other con	sonal contact informa nmunications to me. I f	tion, including my na f consent is not indi	me and email address, cated, your registration	and I consent to the AANS using my on cannot be processed. <u>View Privacy Policy.</u>		
First/Given Name Last/Family Name			Member ID	#	Daytime Phone Number (including country code if applicable)		
Address			 Please contact me regarding special needs for dietary requirements, handicap or disability. 				
				No one under the age of 18 is permitted in the AANS Exhibit Hall and Learning Center.			
GUEST	<u>'</u>						
			1 ./F 1 N	1			
First/Given Name	rst/Given Name				Last/Family Name		
City	State						
Country			Unique Emai	Unique Email Address			
REGISTRATION FEES	☐ Guest (95	51) - \$250	☐ Child und	☐ Child under 18 (952) - \$0			
Guest registration includes one ticket to the Opening Receptio Sunday, April 14, 7-9 p.m.	Opening Reception Monday, April 15, 6:30-9 p.m., \$25 for guest, Children under 18 - \$0						
METHOD OF PAYMENT	□ Visa □ Ma	asterCard □ An	nerican Express	☐ Check (<i>Please</i>	make check payable in U.S. dollars to: AANS)		
Credit Card # or Check #	То	tal Payment		Exp. Date	Security Code		
Print name as it appears on credit card I agree to pay above total amount according to card issuer agreement.			-	Signature Date			
WAYS TO REGISTER Completed registration forms wi AANS online registration form is Online: www.aans.org/AANS20	the most immediate 19 Fax: 708.	and secure metho	od of registration	Mail: AANS Regis c/o CompuS	,		
For wire transfers, please contac *Please note the postmark date				r email aansannual			
					nail (if no email or fax number is supplied)		

of receipt of your registration. 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.

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 March 18, 2019 in order to receive a full refund less a \$50 processing fee. Requests for cancellation received between March 19, 2019 and April 4, 2019 will be charged a \$100 processing fee. No refunds will be made on or after April 5, 2019. 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.

PHOTOGRAPHY/VIDEO WAIVER

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