

Meeting & Course Registration Form

2019 AANS ANNUAL SCIENTIFIC MEETING

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



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 or disabilities.

MANDATORY CONSENT: I consent to the AANS retaining my personal contact information, including my name and email address, and I consent to the AANS using my personal contact information to send future emails and other communications to me.
If consent is not indicated, your registration cannot be processed. [View Privacy Policy.](#)

ADVANCE REGISTRATION DEADLINE is Friday, March 1, 2019

The registration fee will be based on your membership status as of February 1, 2019. Please note: if you are currently not a member of the AANS, it takes approximately eight weeks to become a member, depending on the membership category for which you are applying. For more information on joining the AANS, visit www.aans.org/en/Membership/Join-the-AANS. Having a MyAANS account does not mean you have started the membership application process.

	On or before 3/1	After 3/1
<input type="checkbox"/> AANS Neurosurgeon Member (901)	\$799	\$899
<input type="checkbox"/> AANS Retired Lifetime Member (927)	\$495	\$595
<input type="checkbox"/> Non-member (902)	\$999	\$1099
<input type="checkbox"/> AANS Military Neurosurgeon Member ¹ (905)	\$0	\$0
<input type="checkbox"/> Resident/Candidate Member (906)	\$340	\$440
<input type="checkbox"/> Resident/Candidate Non-member ² (908)*	\$440	\$540
<input type="checkbox"/> Medical Student Member (929)	\$200	\$300
<input type="checkbox"/> Medical Student Non-member ³ (971)*	\$300	\$400
<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 Member (928)	\$320	\$420
<input type="checkbox"/> Allied Non-member ⁵ (910)	\$370	\$470
<input type="checkbox"/> Commercial Press ⁶ (915)*	\$475	\$575

*See www.aans.org/AANS2019/Registration for more information regarding these categories.

Note: Each medical registrant must use a separate form.

- 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/AANS2019 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, contact the AANS Registration Department at 224.563.3171 or aansannual@compusystems.com.

*Note the postmark date will not be considered as the received date. Please allow a minimum of five days for mail delivery.

I would like a ticket for the AANS International Reception on Monday, April 15, 8-9:30 p.m. (Complimentary for International Attendees, \$25 for U.S. and Canadian Attendees)

Donate to the NREF www.nref.org

Support education and research to advance neurosurgery and patient care.

\$350 \$500 \$1000

Other: _____

Contact me about joining the Cushing Circle of Giving

PAYMENT DUE

Registration Fees \$ _____

Reception Fees \$ _____

Membership Dues \$ _____

NREF Donation \$ _____

TOTAL PAYMENT \$ _____

Each registration includes **one** ticket to the Opening Reception on Sunday, April 14, 7-9 p.m., USS Midway Museum.

I would like _____ additional ticket(s) to the Opening Reception for \$250 each. If a badge is **required**, complete the Guest Registration Form.

METHOD OF PAYMENT

Visa MasterCard American Express

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.

PHOTOGRAPHY/VIDEO WAIVER

AANS plans to take photographs at the 2019 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 2019 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 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 requests 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 enrollment in courses within 48 business 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.

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American Association of Neurological Surgeons

First/Given Name _____

Last/Family Name _____

Speakers/Moderators/Panelists/Faculty/Directors

You are required to register for the 2019 AANS Annual Scientific Meeting using the appropriate membership category. No one-day speaker badges will be issued. However, there will be no fee assessed for the course(s) in which you are presenting.

Marshaling Opportunity

I am a Candidate (Resident or Fellow) or Medical Student and would like to participate in the Marshal Program.

Thursday, April 11 and Friday, April 12

The Benzel Symposium: State-of-the-art in Complex Spine Surgery, A Scientific Tribute and Global Celebration (Separate Registration Required)

- AANS Neurosurgeon Member (\$500) Neurosurgeon Non-member (\$625) Resident and Advanced Practice Provider Member (\$350)
 Resident and Advanced Practice Provider Non-member (\$450)
 ___ Ticket(s) for the Benzel Gala and Roast at the Marriott Marquis San Diego Marina on Friday, April 12 (\$200 each)
 I am registering for this course ONLY and NOT the 2019 AANS Annual Scientific Meeting.
 Donate to the Edward C. Benzel Honor Your Mentor Fund (www.nref.org/Donate) to support clinical Outcome Studies to analyze posture and deformity in Cervical Spondylotic Myelopathy patients. ___ \$250 ___ \$500 ___ \$1000 ___ Other

TOTAL COST Thursday/Friday \$ _____

Thursday, April 11 and Friday, April 12

The Evandro de Oliveira Symposium: Mastery and Legacy in Neuroanatomy and the Surgery of Cerebrovascular Lesions, Complex Brain Tumors and Epilepsy, A Scientific Tribute and Career Celebration (Separate Registration Required)

- AANS Neurosurgeon Member (\$500) Neurosurgeon Non-member (\$625) Resident and Advanced Practice Provider Member (\$350)
 Resident and Advanced Practice Provider Non-member (\$450)
 ___ Ticket(s) for the Gala Dinner (\$200 each)
 I am registering for this course ONLY and NOT the 2019 AANS Annual Scientific Meeting.

TOTAL COST Thursday/Friday \$ _____

Sunday, April 14 — The NeuroPoint Alliance, Inc. (NPA) and Your Practice Course

The NeuroPoint Alliance, Inc. (NPA) and Your Practice: Using Registries to Enhance Quality, Reimbursement, Certification and Clinical Research (Separate Registration Required)

Participating in an NPA Project:

- Physician \$250
 Fellow, Resident and Medical Student \$50
 Advanced Practice Provider and Office Administrator/Staff \$150

Not Participating in an NPA Project:

- Physician \$650
 Fellow, Resident and Medical Student \$150
 Advanced Practice Provider and Office Administrator/Staff \$450

Participating in NPA Promotion Code: _____

NERVES Member Promotional Price Code: _____

I am registering for this course ONLY and NOT the 2019 AANS Annual Scientific Meeting.

TOTAL COST NPA \$ _____

2019 AANS Annual Scientific Meeting Saturday, April 13

Practical Clinics

Enter three-digit clinic number from the Meeting Reference Sheet

First Choice

- All-day clinic |__|__|__| \$ _____
Morning clinic |__|__|__| \$ _____
Afternoon clinic |__|__|__| \$ _____

Second Choice

- All-day clinic |__|__|__| \$ _____
Morning clinic |__|__|__| \$ _____
Afternoon clinic |__|__|__| \$ _____

TOTAL COST Saturday \$ _____

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American Association of Neurological Surgeons

First/Given Name _____

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Sunday, April 14

Practical Clinics

Enter three-digit clinic number from the Meeting Reference Sheet

First Choice

All-day clinic \$ _____
 Morning clinic \$ _____
 Afternoon clinic \$ _____

Second Choice

All-day clinic \$ _____
 Morning clinic \$ _____
 Afternoon clinic \$ _____

TOTAL COST Sunday \$ _____

Monday, April 15

Breakfast Seminar (\$150), C&MS* (\$65)

Enter three digit breakfast seminar reference number from Meeting Reference Sheet.

First Choice

Second Choice

Sunrise Session (\$105), C&MS* (\$XX)

Enter three digit sunrise session reference number from Meeting Reference Sheet.

First Choice

Second Choice

Other Sessions & Events

150 AANS/CNS Section on Women in Neurosurgery (WINS) Breakfast (\$100) C&MS* (\$65) | Non-CME Event

Afternoon Sessions

175 Neurosurgery "In Press": Latest Results of Clinical Trials In Neurosurgery and Allied Fields (\$65)

178 Advanced Practice Providers (APPs) Luncheon: The Science of Practice: Gaining the Trust of the Pediatric Neurosurgical Patient and Family - How to Dance Your Way into Their Hearts! (\$25)

Dinner Symposia

176 Novel Techniques and Strategies to Treat Spine Disease in the Aging Population (\$195)

177 New Strategies for Endovascular Aneurysm Treatment (\$195)

Evening Events

151 AANS Section on the History of Neurological Surgery Annual Dinner (\$160) | Non-CME Event Quantity _____

AANS International Reception – Complimentary for International Attendees, (\$25) for U.S. and Canadian Attendees

Young Neurosurgeons Evening at the San Diego Zoo (\$25) Medical Student (\$10)

TOTAL COST Monday \$ _____

Tuesday, April 16

Breakfast Seminar (\$150), C&MS* (\$65)

Enter three digit breakfast seminar reference number from Meeting Reference Sheet.

First Choice

Second Choice

Sunrise Session (\$105), C&MS* (\$XX)

Enter three digit sunrise session reference number from Meeting Reference Sheet.

First Choice

Second Choice

Other Sessions & Events

250 Young Neurosurgeons Luncheon (\$10) | Non-CME Event

Afternoon Sessions

275 Advancements in Neurotrauma Care (\$100)

278 Mentorship: Lessons in Resiliency (\$150) C&MS(\$65)

Dinner Symposia

276 Ripped from the Headlines - Doctors in Medico-legal Crosshairs: Lessons Learned to Keep Lawyers and Regulators Away (\$195)

277 Time for Change: The Future of Neurosciences Delivery and Integration (\$195)

TOTAL COST Tuesday \$ _____

Wednesday, April 17

Breakfast Seminar (\$150), C&MS* (\$65)

Enter three digit breakfast seminar reference number from Meeting Reference Sheet.

First Choice

Second Choice

Sunrise Session (\$105), C&MS* (\$XX)

Enter three digit sunrise session reference number from Meeting Reference Sheet.

First Choice

Second Choice

TOTAL COST Wednesday \$ _____