



ASCI / AAP Joint Meeting

Registration Form Print or type • Complete one form for each registrant

April 27 – 29, 2012

The Fairmont Chicago
Chicago, Illinois

First Name Initial Surname

Degree(s)

Name (as you would like it to appear on your badge)

Subspecialty

Institution/Affiliation

Street Address

City State/Province ZIP/Postal Code Country

Work Telephone Work Fax

E-mail

Emergency Contact During Meeting (Name, Telephone)

Registration Fees	On or before March 16	After March 16 and on site	At the meeting
Member of (circle one): ASCI AAP Both	<input type="radio"/> \$450	<input type="radio"/> \$500	<input type="radio"/> \$550
Nonmember	<input type="radio"/> \$500	<input type="radio"/> \$550	<input type="radio"/> \$600
Early Career Investigators Register in this category if you are a trainee, fellow, or postdoctoral researcher.	<input type="radio"/> \$125	<input type="radio"/> \$175	<input type="radio"/> \$225
Students A student registrant must verify student status by submitting a letter from a supervisor, program director, or anyone with authority over your grant or student status. Note: APSA members should register directly through APSA.			
Student Category (circle one): MD PhD MD/PhD Other	<input type="radio"/> FREE	<input type="radio"/> FREE	<input type="radio"/> FREE
CSCR/MWAFMR Attendees Present your CSCR/MWAFMR attendee badge to the Joint Meeting Registration Desk to receive complimentary registration.		<input type="radio"/> FREE	<input type="radio"/> FREE
Optional Events			
ASCI Dinner – Number of Tickets: _____		<input type="radio"/> \$60	<input type="radio"/> \$60
AAP Dinner (AAP members only) – Number of Tickets: _____ Please list the names for each AAP Dinner ticket recipient:		<input type="radio"/> \$100	<input type="radio"/> \$100
Total Payment: \$ _____			

Advance Registration must be received no later than April 13, 2012.

After April 13, please register on site.



Register online at
www.jointmeeting.org
Payment by credit card required



Mail this form with payment to:
ASCI/AAP Joint Meeting
39751 Treasury Center
Chicago, IL 60694-9700 USA



Fax this form
with payment to:
+1-847-480-9282
Payment by credit card required



Telephone registrations cannot be accepted.

Please indicate any special needs

Taxpayer ID# 52-0847477

All fees are U.S. dollars. Payment must be made in U.S. funds drawn on a U.S. bank.

Cancellations

Notification of cancellation must be submitted to the Registration Manager in writing. A \$50 cancellation fee will apply to cancellations received by April 13, 2012. Cancellations received after April 13, 2012, will be subject to a \$100 cancellation fee.

No refunds will be given after April 20, 2012.

NOTE: If you fax a registration with credit card payment, DO NOT mail an additional copy.

Questions?

Call Joint Meeting headquarters at +1-847-480-9712.

Payment Information

By Credit Card: _____
 VISA
 MasterCard
 American Express
 Discover
 Diners Club
 Fax to: **+1-847-480-9282**

Print Name as it appears on card _____
 Credit Card Number _____ Expiration Date (mm/yy) _____
 Signature _____ Date _____
 Billing Address (if different from above) _____

Check enclosed. Make payable to: **ASCI/AAP Joint Meeting**. Mail to: **39751 Treasury Center, Chicago, IL 60694-9700 USA.**