Conference Registration Form

CO-ORGANIZED BY ACI ALLIANCE AND
VANDERBILT UNIVERSITY MEDICAL CENTER, NASHVILLE

14th Symposium on
COCHLEAR IMPLANTS in Children
Vanderbilt University Medical Center, Nashville
December 11-13, 2014

ACI ALLIANCE®
AMERICAN COCHLEAR IMPLANT ALLIANCE

Please use one of the following three easy ways to register:

ONLINE: The fastest way to register! **www.ci2014usa.com**
FAX: 312-202-5003
MAIL: 14th Symposium on Cochlear Implants in Children,
Attn. Registration Services c/o
American College of Surgeons,
633 N Saint Clair St., Chicago, IL 60611-3211

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

DEGREE _____

ORGANIZATION/COMPANY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ FAX _____

EMAIL ADDRESS *(Confirmations will be emailed if valid email is provided)* _____

SPECIALTY _____

Are you a member of *(please check all that apply, for CEU purposes only):*

- O AAA AAA Member ID:_____
- O ASHA ASHA Member ID:_____
- O AG Bell LSLS #:_____
- O Illinois Early Intervention Certification
- O None of the above

Are you a member of The American College of Surgeons? *(for CME purposes only)*

O Yes O No ACS Member ID:_____

PRE-EVENT EMERGENCY CONTACT:

Please select the best method of contact, should we need to reach you in advance in case of natural disaster, meeting cancelation, etc.

- O Mobile Email:_____
- O Mobile Phone:_____
- O Home Phone: _____

☐ Check here if ADA (Americans with Disabilities Act) accommodation is desired. You will be contacted by a staff person.

PLEASE SPECIFY: O Audio O Visual O Mobile O Other: _____

☐ Check here if you have dietary restrictions. **PLEASE SPECIFY:** _____

REGISTRATION FEES *(payable in U.S. funds)*

	ON or BEFORE 10/6/14	AFTER 10/6/14
Non-Member Physician	$680	$780
Member Physician	$480	$580
Non-Member Audiologist	$580	$680
Member Audiologist	$380	$480
Non-Member Speech Pathologist	$580	$680
Member Speech Pathologist	$380	$480
Non-Member Educator	$580	$680
Member Educator	$380	$480
Other Non-Member	$580	$680
Other Member	$380	$480
Student*	$275	$275
Federal Government Employee & Active Duty Military**	$350	$450
SUBTOTAL		
* Fellows-in-Training, Residents and Students should obtain a letter from their program director or chair verifying their education status. Letters must be received by Registration Services before registration can be confirmed. ** Federal Government Employees and Active Duty Military should obtain a letter verifying their active military and/or government status. Letters must be received by Registration Services before registration can be confirmed. **Please select the events you plan to attend.**		
THURSDAY LUNCH ○ **Yes, I will attend.** ○ **No, I will not be attending.**		
THURSDAY WELCOME RECEPTION *Attendee (included with registration)* ○ **Yes, I will attend.** ○ **No, I will not be attending.** Guest Reception Ticket $45 **Qty:** _____		
FRIDAY LUNCH ○ **Yes, I will attend.** ○ **No, I will not be attending**		
SATURDAY POST-CONFERENCE OPTIONAL SESSION: **Saturday, Dec. 13, 12:30 – 2:30pm** *Bilingual Spoken Language Development for Children Whose Home Language is Not English – Assessment and Intervention Consideration* ○ **Yes, I will attend.** ○ **No, I will not be attending.**		
TOTAL DUE		

Registration forms received without payment will not be processed. Purchase orders are not accepted.

FEES PAYABLE IN U.S. FUNDS TO: ***American Cochlear Implant Alliance***

☐ Check (enclosed) ☐ American Express ☐ Visa ☐ MasterCard

Credit Card Number | Expiration Date | CSC Code

Name on Card | Signature

Formal confirmations will be sent to all attendees within 10 business days of receipt. Cancellation requests must be made in writing and received on or before Monday, November 24, 2014. There is a $50 handling fee for all refunds and returned checks. Cancellations and registrations postmarked after the deadline date will not be eligible for refunds.

REGISTRATION QUESTIONS: Contact Registration Services at 312-202-5244 or registration@facs.org.