

2015 AAP ANNUAL MEETING REGISTRATION

REGISTER ONLINE at Physiatry.org/Register



MAIL OR EMAIL COMPLETED REGISTRATION FORMS TO:

Mail: 7250 Parkway Drive, Suite 130, Hanover, MD 21236

E-mail: meetings@physiatry.org

Questions: 410-712-7120

Registration includes plenary sessions, courses, welcome reception, fellowship & job fair, and access to the Poster and Exhibit Hall. **Registration also includes breakfast and lunch Thursday and Friday, and Saturday morning breakfast.**

Preconference workshops and council dinners require a fee in addition to general meeting registration.

ATTENDEE INFORMATION

PLEASE INCLUDE NAME, DEGREE(S), INSTITUTION, CITY AND STATE EXACTLY AS YOU WOULD LIKE IT TO APPEAR ON YOUR BADGE

Name (First, MI, Last) _____ Degree(s) _____

Institution _____

Mailing Address _____

City _____ State _____ Zip _____

Is this address your home or office? ☐ Home ☐ Office

Work Phone _____ E-mail _____

Enter Promo Code:

☐ Check if you or a guest require special assistance.
AAP will contact you to discuss your specific needs.

☐ Check if you or a guest have special dietary needs.
AAP will contact you to discuss your specific needs.

REGISTRATION INFORMATION

Not an AAP member? Join today for the lowest registrations rates! Physiatry.org/Join

Category	Before Nov 17, 2014	Before Feb 15, 2015	Onsite	Fees
Physician AAP Member	☐ \$695	☐ \$770	☐ \$845	
Physician Non-AAP Member	☐ \$995	☐ \$1070	☐ \$1145	
Emeritus	☐ \$365	☐ \$440	☐ \$515	
Program Coordinator AAP Member	☐ \$375	☐ \$450	☐ \$525	
Program Coordinator Non AAP Member	☐ \$550	☐ \$625	☐ \$700	
Admin Director AAP Member	☐ \$495	☐ \$570	☐ \$645	
Admin Director Non AAP Member	☐ \$650	☐ \$725	☐ \$800	
ONE day Registration AAP Member	☐ \$400	☐ \$475	☐ \$550	
ONE Day Registration Non AAP Member	☐ \$575	☐ \$650	☐ \$725	
Total:				

RESIDENT / FELLOW / MEDICAL STUDENT REGISTRATION

This package is for PM&R residents, fellows, and medical students only. In addition to full AAP Annual Meeting registration, this special package includes the Residents / Fellows Workshop including complimentary lunch, Residents / Fellows Career Pearls Program, and Residents / Fellows Social Event.

Category	Before Nov 17, 2014	Before Feb 15, 2015	Onsite	Fees
AAP Member	☐ \$490	☐ \$565	☐ \$640	
Non-AAP Member	☐ \$710	☐ \$785	☐ \$860	
Medical Student	☐ \$225	☐ \$225	☐ \$225	
				Total:

OPTIONAL EVENTS

RESIDENCY & FELLOWSHIP PROGRAM DIRECTORS PRECONFERENCE WORKSHOP, MARCH 10 – 11, 2015

ATTENDING entire AAP Annual Meeting	☐ \$125	☐ \$200	☐ \$275	
NOT Attending Entire AAP Annual Meeting	☐ \$420	☐ \$495	☐ \$570	
NON-AAP Member	☐ \$600	☐ \$675	☐ \$750	

PROGRAM COORDINATORS PRECONFERENCE WORKSHOP, MARCH 10 – 11, 2015

	☐ \$125	☐ \$200	☐ \$275	
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RFPD & MEDICAL STUDENT EDUCATORS COUNCIL DINNER, MARCH 10, 2015

	☐ \$65	☐ \$65	☐ \$65	
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CHAIR & ADMINISTRATIVE DIRECTORS COUNCIL DINNERS, MARCH 11, 2015

	☐ \$65	☐ \$65	☐ \$65	
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OTHER

Foundation for PM&R Run / Walk & Roll 5k	☐ \$25/per person	☐ \$25/per person	☐ \$25/per person	
Guest Package	☐ \$225/per person	☐ \$225/per person	☐ \$225/per person	

If you would like a guest to attend the meeting with you, the AAP guest package includes: continental breakfast, lunch, and refreshments breaks, and entrance to the Plenary Sessions, and Exhibit Hall. This package cannot be used for a colleague or doctor. This package is meant for a guest, a spouse, or family members only. Participants and guests will not be allowed into the main hall without a name badge.

Total:

Guest 1: _____ Guest 2: _____

METHOD OF PAYMENT

Full payment must accompany this registration form.

☐ MasterCard ☐ Visa ☐ Discover ☐ American Express ☐ Check # _____

Credit Card No: _____ Exp Date _____

Name (Please print name as it appears on the card)

Signature – by signing, I accept the charges I have indicated on this form. I have read and understand the cancellation and refund policies.

All charges or cancellations must be made in writing to the AAP via mail or e-mail. No changes or cancellations will be accepted over the phone. Cancellations must be received before December 30, 2014 to qualify for a refund, less a \$100 handling fee. No refunds are issued for “no-shows” or cancellations postmarked after December 30, 2014. All refund requests will be processed at the AAP office four weeks after the meeting. Absolutely no refunds will be given on site. For further information contact the AAP at 410-712-7120. Visit www.physiatry.org for more information on AAP Annual Meeting policies.