REGISTRATION FORM

In order to complete the registration process, kindly complete and submit the form below. All fields are required.

Name: _____ NPI #: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

E-mail (required to receive confirmation): _____

Attendee Fees	***Price***	***Quantity***	***Total***
Physician	$325	_____	_____
Resident/Fellow (*With Letter from Chief of Service)*	$125	_____	_____
Allied Health Professional	$150	_____	_____
Industry Representative	$595	_____	_____
		Total Fees Due	_____

Grant Writing Workshop Registrants must answer the following questions to ensure the proper course materials are distribute in advance of the workshop and placement in mock study sessions is correct.

1. What is your specialty?
   - ☐ Adult Cardiac Surgery
   - ☐ Congenital Heart Disease
   - ☐ General Thoracic Surgery
   - ☐ Vascular Surgery
   - ☐ Other _____

2. What type of grant would you like to review?
   - ☐ Career Development
   - ☐ Research

3. What type of research do you conduct?
   - ☐ Clinical
   - ☐ Lab

PAYMENT INFORMATION

Fees are payable via credit card or check. Checks must be drawn on a U.S. bank and are payable to AATS Grant Writing Workshop.

☐ AMERICAN EXPRESS ☐ MasterCard ☐ VISA ☐ Check Enclosed (#_____)

Credit Card Number: _____ Expiration Date: _____

Name as it appears on the card: _____ Security Code: _____

☐ Same as above ☐ Different Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

SIGNATURE: _____

I authorize AATS to charge my credit card the above fees.

Pursuant to the Americans with Disabilities Act, I require specific aids or services during my visit. ☐ Yes ☐ No

Please specify: ☐ Audio ☐ Visual ☐ Mobile ☐ Dietary ☐ Other (please specify): _____

A block of rooms has been reserved at the Doubletree Bethesda (8120 Wisconsin Avenue, Bethesda, Maryland) at the group rate of $179 plus tax. Please make your reservations early as rooms will fill up quickly. To make your reservation, go online at Doubletree Bethesda or call 1-800-955-7359 and mention **code AA3**.

CANCELLATION POLICY: Cancellations cannot be made via the online website and must be made in writing to the AATS Administrative Offices. Direct your correspondence using the contact information below. **If written notice of cancellation is received at the AATS Administrative Offices on or before February 6, 2015**, the registration fee will be refunded after the meeting, less a $50 USD administrative fee.

REGISTRATION DEADLINE: FRIDAY, MARCH 13, 2015

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