ASCI / AAP Joint Meeting

Registration Form

Print or type • Complete one form for each registrant

April 24 – 26, 2015

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

CC E-mail

Registration Fees	On or before March 12	March 13 – April 19	April 20 and at the meeting
Member of (check one): ❍ ASCI ❍ AAP ❍ Both	❍ $475	❍ $525	❍ $575
Nonmember	❍ $525	❍ $625	❍ $700
Early Career Investigators Register in this category if you are a trainee, fellow, or postdoctoral researcher.	❍ $125	❍ $175	❍ $225
Students: We encourage you to register for the meeting through the American Physician Scientists Association at www.physicianscientists.org. APSA has a full program for MD, PhD, and DO students and postdocs. **Note: APSA members should register directly through APSA.**			
Student Track (check one): ❍ MD ❍ PhD ❍ MD/PhD ❍ Other		❍ $75	❍ $75

Optional Events

Tickets may not be available onsite

ASCI Dinner – Number of Tickets: _____ ❍ $60 each ❍ $60 each

AAP Dinner (AAP members only) – Number of Tickets: _____ ❍ $100 each ❍ $100 each

Please list the name of each AAP Dinner ticket recipient:

_____

_____

Total Payment: $ _____

Advance Registration must be received no later than April 9, 2015.

After April 9, 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 9, 2015. Cancellations received after April 9, 2015, will be subject to a $100 cancellation fee.

No refunds will be given after April 16, 2015.

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

Questions?
Call Jennifer Dubansky at Joint Meeting headquarters at +1-847-480-9712, x277.
E-mail: jdubansky@jointmeeting.org

Payment Information

❍ By Credit Card:
- ❍ VISA
- ❍ MasterCard
- ❍ American Express
- ❍ Discover

Fax to: **+1-847-480-9282**

Print Name as it appears on card

Signature Date

Billing Address (if different from above)

Credit Card Number Expiration Date (mm/yy)

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