2018 ASAIO Conference Registration Form & Hotel Information

LET'S PREPARE YOUR CONFERENCE BADGE! Complete this section carefully. Your badge will appear according to the information you provide. *Asterisk denotes required.

All other information is requested so that we can contact you. Please enter your work address and contact details.

First Name* | Last Name* | Degree*

Job Title* | Department | Institution*

Street Address*

City* | State / Province* | Zip Code* | Country*

Email* | Telephone* | Fax

Gender*

☐ Male ☐ Female

Is This Your First ASAIO Conference?

☐ Yes ☐ No

PLEASE PROVIDE INFORMATION ABOUT YOUR PROFESSIONAL BACKGROUND. This information assists us in preparing relevant content for future conferences.

Role*

- ☐ Clinician
- ☐ Researcher
- ☐ Student
- ☐ Nurse/Coordinator
- ☐ Perfusionist
- ☐ Regulatory
- ☐ Commercialization
- ☐ Other

Affiliation*

- ☐ Hospital
- ☐ University
- ☐ Government
- ☐ Industry
- ☐ Other

Interest

- ☐ Cardiac
- ☐ Bioengineering
- ☐ Renal
- ☐ Adult Pulmonary / ECMO
- ☐ Pediatric Pulmonary / ECMO
- ☐ Other

2018 ASAIO Conference Registration Form & Hotel Information

CHOOSE YOUR REGISTRATION CATEGORY
Course selections are optional

☐ **I Am An ASAIO MEMBER who has renewed my Membership for 2018.**

Registration Fees

- ☐ ASAIO MEMBER **$350**
- ☐ ASAIO MEMBER Early Career (Graduated on or after 2012) **$300**
- ☐ ASAIO MEMBER NURSE, TECHNICIAN, U.S.A. FEDERAL GOVERNMENT (FDA & NIH) **$300**
- ☐ ASAIO*fyi* MEMBER Student/Resident **$250**

☐ **I Am NOT AN ASAIO MEMBER. I am Registering as a GUEST.**

Registration Fees

- ☐ GUEST **$750**
- ☐ GUEST NURSE, TECHNICIAN, U.S.A. FEDERAL GOVERNMENT (FDA & NIH) **$550**
- ☐ GUEST Student/Resident **$300**

Check The Days That You Will Be Attending ASAIO Scientific Sessions

☐ Wed June 13th ☐ Thu June 14th ☐ Fri June 15th ☐ Sat June 16th

OPTIONAL COURSES

Wednesday, June 13th

- ☐ $100 – I wish to attend the 7th Annual Pediatric Medical Device Day Wednesday, June 13th
- ☐ $100 – I wish to attend the MCS/VAD University Wednesday, June 13th

Saturday, June 16th

- ☐ $50 – I wish to attend the ELSO Course Saturday, June 16th
- ☐ $50 – I wish to attend the ICCAC/MCS Proficiency Verification Course (MPV) Saturday, June 16th

2018 ASAIO Conference Registration Form & Hotel Reservation

Method of Payment

☐ American Express ☐ Visa ☐ Mastercard ☐ Check Attached (US Bank in US Dollars Only)

Amount Charged Credit Card Number (Print Carefully)

Expiration Date CCV# (3 or 4 Digits) Signature

REGISTRATION CANCELLATION VIA EMAIL OR FAX ONLY

By April 16th – *Full Refund* • April 17th through May 10th – *75% Refund*
After May 10th – *No Refund*

Contact the Washington Hilton directly to reserve a Guest Room

Paste this link *https://aws.passkey.com/go/asaio64thannual* into your browser to reach the Washington Hilton ASAIO Page for ASAIO Special Guest Room Rates

These special rates expire on **Tuesday May 16, 2018.**