Advance Registration Form

85TH AANS ANNUAL SCIENTIFIC MEETING | LOS ANGELES | APRIL 22-26, 2017

American Association of Neurological Surgeons

Name _____ Member ID # _____

Address _____

City _____ State _____ Zip _____ Country _____

Daytime Phone Number _____ Fax Number _____
(including country code if applicable)

Preferred Email Address _____

○ Please contact me regarding special needs for dietary requirements, handicap or disability.

Required: All information must be completed. Please print clearly. Please provide us with your NPI (National Provider Identifier) Number _____
(For details regarding NPI numbers, please refer to www.aans.org/AANS2017 in the "Medical Attendee" section.)

ADVANCE REGISTRATION DEADLINE IS March 22, 2017

	On or before 3/22	After 3/22
○ AANS Neurosurgeon Member (901)	$799	$899
○ AANS Retired Lifetime Member (927)	$495	$595
○ Non-Member Neurosurgeon (902)	$999	$1099
○ Non-Member Physician - Other (903)	$999	$1099
○ Non-Member/Non-Physician (904)	$999	$1099
○ AANS Military Neurosurgeon Member (905)	$0	$0
○ Non-Member U.S. Armed Forces Neurosurgeon (974)	$570	$670
○ Resident/Candidate Member (906)	$200	$200
○ Resident/Candidate Non-Member[1] (908)*	$440	$540
○ International Resident/Candidate Member (907)	$250	$350
○ International Resident/Candidate Non-Member[1] (909)*	$440	$540
○ Medical Student Member (929)	$0	$0
○ Medical Student Non-Member[4] (971)*	$100	$100
○ Advanced Practice Provider Member (978)	$455	$555
○ Advanced Practice Provider Non-member (979)	$555	$655
○ Commercial Press[5] (915)*	$475	$575

**See registration page of www.aans.org/AANS2017 for more information regarding these categories.*
Please note: Each medical registrant must use a separate form.

○ **I would like to pay dues to renew my membership.**

○ Exclude me from the pre-meeting mailing lists and related exhibitor mailings prior to the meeting.

○ I would like a ticket for the AANS International Reception
Monday, April 24, 8-9:30 p.m.
Complimentary for International Attendee
$25 for U.S. and Canadian Attendees

Please Donate to the NREF
www.nref.org
Support education and research to advance neurosurgery and patient care.

○ $250 ○ $500 ○ $1000

○ Other:_____

○ Contact me about joining the Cushing Circle ($25,000 lifetime giving)

PAYMENT DUE

Registration Fee	$_____
Guest	$_____
Social Event Fee	$_____
Membership Dues	$_____
NREF Donation	$_____
TOTAL PAYMENT	**$**_____

Each registration includes one ticket to the Opening Reception - Sunday, April 23, 7-9 p.m., Microsoft Square at L.A. LIVE
○ I would like additional ticket(s) to the Opening Reception for $250. If a badge is required please complete the Guest Form.

METHOD OF PAYMENT

○ Visa ○ MasterCard ○ American Express ○ Check

Please make check payable in U.S. dollars to: AANS

Credit Card # or Check # _____ Exp. Date _____ Security Code _____

Print name as it appears on credit card _____

Signature _____ Date _____

I agree to pay above total amount according to card issuer agreement.

All non-member residents and fellows currently enrolled in a training program need to attach a letter from your training program director or have your director sign the below statement.
I certify that the individual named above is a resident in a neurosurgical training program accredited by the ACGME and the Residency Review Committee for Neurosurgery.

Program Director (Print/Type Name) _____

Program Director Signature _____ Date _____

WAYS TO REGISTER Completed Registration Forms with credit card details may be submitted online, faxed or mailed* to the AANS Registration Department. The AANS online registration form is the most immediate and secure method of registration.

Online: www.aans.org/AANS2017
Email: aansannual@compusystems.com
Fax: 708.344.4444

Mail: AANS Registration Department
c/o CompuSystems
2651 Warrenville Rd, Suite 400
Downers Grove, IL 60515

For wire transfers, please contact the AANS Registration Department at 224.563.3171 or email aansannual@compusystems.com. **Please note the postmark date will not be considered as the received date. Please allow a minimum of five days for mail delivery.*

PHOTOGRAPHY/VIDEO WAIVER

The AANS plans to capture video, live stream video and/or take photographs at the 2017 AANS Annual Scientific Meeting. By registering/attending the meeting, you grant the AANS the right to use image, video and biography in print, electronic or other media. All postings become the property of the AANS and may be displayed, distributed or used by the AANS for any purpose. Attendees are prohibited from live streaming, photography and video capture without the consent of the AANS. The AANS is not responsible for unauthorized media capture performed by meeting attendees.

CANCELLATION POLICY

Requests for cancellation of meeting registration and all ticketed events must be received in writing at the AANS no later than **3/27/17** in order to receive a full refund less a $50 processing fee. Requests for cancellation received between **3/28/17** and **4/14/17** will be charged a $100 processing fee. No refunds will be made on or after **4/15/17.** Cancellation request may be faxed to 708.344.4444 or mailed to AANS Registration Department, c/o CompuSystems, 2651 Warrenville Rd, Suite 400, Downers Grove, IL 60515 or emailed to aansannual@compusystems.com.

CONFIRMATION

All registrants will receive a confirmation letter by email, fax or mail confirming their enrollment in courses within 48 hours of receipt of registration forms. If you have any questions after reviewing your confirmation letter, please call the AANS Registration Department at 224.563.3171 or email aansannual@compusystems.com.