

# Meeting Registration Form: Part I

Please make sure that your handwriting is legible. If not, please type or complete the form Online.

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Last/Family Name: \_\_\_\_\_

Degree: \_\_\_\_\_ Badge (First Name/Nickname): \_\_\_\_\_

Preferred Mailing Address:  Work  Home

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip (Postal) Code: \_\_\_\_\_ Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

.....

**Guest Information (\$200 per person) If more than one guest, please provide requested information on a separate sheet:**

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Last/Family Name: \_\_\_\_\_

Degree: \_\_\_\_\_ Badge (First Name/Nickname): \_\_\_\_\_

E-mail: \_\_\_\_\_

## Special Needs:

Please check here if you have any special needs or requirements and an ASNR representative will contact you.

Vegetarian meal  Kosher meal  Lactose free meal

Vision/Hearing   Wheelchair/Mobility Access

Other special needs \_\_\_\_\_

## Cancellation Policy/Registration Changes:

All registration changes and cancellations must be made in writing.

- **Fax** all requests for changes to 630-574-1740
- **Email** all requests for changes to meetings@asnr.org
- **Send** all requests for changes to:  
ASNR 48th Annual Meeting  
2210 Midwest Road, Suite 207  
Oak Brook, Illinois 60523-8205
- Cancellations made prior to Friday, March 26, 2010 will result in a \$100 USD cancellation fee
- Cancellations made between Friday, March 26, 2010 and Friday, April 2, 2010 will result in a \$300 USD cancellation fee
- Cancellations made after Friday, April 2, 2010 will result in **NO REFUND**
- If Guest/Spouse cancels, a \$30 cancellation fee will apply
- After Friday, March 26, 2010, any registration changes resulting in a refund are subject to a \$100 USD administration fee
- **Cancellations changes will not be accepted by phone!**

### 3 Easy Ways To Register

#### 1. Online\*

www.asnr.org/2010

\*Credit card payments only

#### 2. Mail:

ASNR 48th Annual Meeting

2210 Midwest Road, Suite 207

Oak Brook, Illinois 60523-8205 U.S.A.

#### 3. Fax: (630) 574-1740

Fax completed form to

ATTN: Meeting Registration

### Phone Inquiries:

Canada & International:

+1 (630) 574-1376

U.S.A. (Toll-Free): 1 (888) 734-7300

### Email Inquiries:

meetings@asnr.org

Return completed form with full payment by check, money order or credit card. Registration will not be processed until payment is received.

PLEASE NOTE: Payment must be made in U.S. funds, drawn on a U.S. bank only and made payable to ASNR.

**IMPORTANT: If registering by FAX please remember to fax BOTH PAGES OF THIS FORM. Do not mail original.**

**Advance Registration Deadline is Friday, March 26, 2010**

# Meeting Registration Form: Part II

Please place a check (✓) in the appropriate box to indicate registration classification and fee. (Registration fees are applicable to all program participants.)

• **NOTE:** Members of *any of the participating societies* (ASPNR/ASFNR/ASHNR/SNIS/ASSR) only are eligible for the Member rate.

- Only ISMRM members will be eligible for the reduced Symposium/Annual Meeting Rates. Note: Members of the ASNR or subspecialty societies (ASFNR, ASHNR, ASPNR, ASSR, SNIS) *will not* be eligible for the reduced rate.
- To be eligible for the Fellow/Trainee rate, a letter must be submitted to ASNR from the *Neuroradiology Fellowship Program Director* confirming Fellow/Trainee status.

Classification	Member Fee	Non-Member Fee	Fellow/Trainee Fee
<b>NER Foundation Symposium &amp; Annual Meeting</b> (Entire Meeting – 6 days - Sat-Thur)	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$1600	<input type="checkbox"/> \$685
<b>NER Foundation Symposium, ASPNR/ASFNR/ASHNR/General Neuro</b> (4 Days - Sat - Tue)	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$485
<b>ASPNR/ASFNR/ASHNR/ASSR/SNIS/General Neuro</b> (4 Days - Mon-Thur)	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1225	<input type="checkbox"/> \$510
<b>ASPNR/ASFNR/ASHNR/ASSR/SNIS/General Neuro</b> (3 Days - Mon-Wed)	<input type="checkbox"/> \$700	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$410
<b>ASPNR/ASFNR/ASHNR/ASSR/SNIS/General Neuro</b> (3 Days - Tue-Thur)	<input type="checkbox"/> \$700	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$410
<b>NER Foundation Symposium &amp; ISMRM/ASNR Symposium</b> (2 Days - Sat-Sun)	<input type="checkbox"/> \$325	<input type="checkbox"/> \$600	<input type="checkbox"/> \$185
<b>ISMRM Memebers ONLY: NER Foundation Symposium* &amp; ISMRM/ASNR Symposium</b> (2 Days - Sat-Sun)	<b>ISMRM Member Fee</b>		<b>\$185</b>

\*ISMRM Members who are extending their attendance beyond Sunday, please contact Mollie Ryan [mryan@asnr.org](mailto:mryan@asnr.org)

**FREE Synaptic Junction Programming** (please check if attending)

Monday, May 17	Tuesday, May 18	Wednesday, May 19
<input type="checkbox"/> <b>10:45am- 12:30pm</b> <b>Lecture:</b> The Business of Neuroradiology	<input type="checkbox"/> <b>1:30pm - 3:00pm</b> <b>Lecture:</b> Making The Reading Room More Pleasant	<input type="checkbox"/> <b>3:15pm- 4:45pm</b> <b>Lecture:</b> Leadership Skills & Challenges
<input type="checkbox"/> <b>1:30pm- 3:00pm</b> <b>Lecture:</b> Do We Really Need Standardized Reporting? Point-Counterpoint	<input type="checkbox"/> <b>3:30pm- 5:00pm</b> <b>Workshop:</b> Post Processing	

## Form of Payment

VISA    Master Card    American Express    Check/Money order (must be paid in U.S. funds, drawn on a U.S. bank only and made payable to ASNR)

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Address: \_\_\_\_\_

By signing this form: I authorize ASNR to charge my credit card for the 48th Annual Meeting registration, acknowledge that the ASNR Advance Registration policies are in effect, and grant to the ASNR the right to use photos taken at the 48th Annual Meeting which include me in a promotional materials for future meetings.

### Social Events

#### Best of Boston Bistro Reception

**Monday, May 17, 2010**

6:30pm - 7:30pm

Yes    No

#### Fellow/Trainee Luncheon (Fellows Only)

**Tuesday, May 18, 2010**

12:30pm - 1:30pm

Yes    No

### Registration Fee Calculation

Annual Meeting Registration Fees 1. \_\_\_\_\_

Fellow/Trainee\*

\*Letter confirming status is required.

Guest Fee @ \$200 per person 2. \_\_\_\_\_

Print guest name(s) below as should appear on badge:  
(If guest/spouse cancels, a cancellation fee of \$30 will apply)

\_\_\_\_\_

Late fee of \$100 assessed to forms received after 5:00pm (PST) on Friday, March 26, 2010 3. \_\_\_\_\_

**TOTAL REGISTRATION FEES** 4. \_\_\_\_\_