

AMERICAN CLINICAL NEUROPHYSIOLOGY SOCIETY

2018 FALL COURSES REGISTRATION FORM

October 20 & 21, 2018 | Hyatt Regency Cambridge | Cambridge, MA

Early Registration Deadline: Postmarked on or before September 20, 2018

Please type or print legibly -- this information will be used to create your name badge and for meeting-related correspondence.

First Name _____ Middle _____ Last Name _____

Designation(s) _____ (Example: MD, PhD, DO, etc.) ACNS Member ID _____ (Optional)

Current Position _____ Institution _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Email _____ Telephone _____

☐ I have a religious or allergy-related dietary restriction. Please explain: _____

☐ I have a need for physical assistance. Please explain: _____

REGISTRATION TYPE (Please select one):

	One-Day	Two-Day
ACNS Junior/Technologist/International Member	<input type="checkbox"/> \$285	<input type="checkbox"/> \$400
Non-Member Resident/Fellow*/Technologist/International	<input type="checkbox"/> \$325	<input type="checkbox"/> \$450*
ACNS Member	<input type="checkbox"/> \$375	<input type="checkbox"/> \$525
Non-Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$675

International rates are available to those outside the US & Canada

SATURDAY SELECTION (Please select one):

- ☐ Intensive Care Unit Electroencephalography (ICU EEG) Part I
☐ Neurophysiologic Intraoperative Monitoring (NIOM) Part I

SUNDAY COURSE SELECTION (Please select one):

- ☐ Intensive Care Unit Electroencephalography (ICU EEG) Part II
☐ Neurophysiologic Intraoperative Monitoring (NIOM) Part II

MORNING COURSE SELECTION (Optional):

- ☐ Pediatric EEG (Saturday only) \$50 (in addition to registration fee)
☐ Stereo-Encephalography Part I (Saturday) \$50 (in addition to registration fee)
☐ Stereo-Encephalography Part II (Sunday) \$50 (in addition to registration fee)

BILLING

- ☐ **Company Check** – Make check payable to **American Clinical Neurophysiology Society** (in US Dollars, drawn on a US bank)
☐ **Credit Card** (check one): ☐ VISA ☐ MasterCard ☐ American Express
☐ Please invoice me.

Card Number _____ Expiration Date _____

Card Holder Name _____

Authorized Signature _____ Date _____

Registrations will not be processed without payment and signature.

SIGNATURE OF AGREEMENT. Please retain a copy for personal records. I hereby register to attend the 2018 ACNS Fall Courses, October 20 -21, 2018, at the Hyatt Regency Cambridge. I understand that the event registration rate listed above will be charged to the credit card I have listed. I understand further that all registration charges must be paid in full upon completion of this form. If registration is not paid for in full at time of event, I may not attend the ACNS Fall Courses until said payment is received by the ACNS Executive Office and may be asked to provide payment upon arrival at the course.

CANCELLATION POLICY. Refund requests must be submitted in writing to ACNS prior to **October 1, 2018**. A \$20 processing fee will be charged for all refunds. Refunds will not be granted for requests postmarked or received after **October 1, 2018**.

POLICIES. I have been made aware of ACNS' waiver and conduct policies indicated on their website and understand that my signature means that I will adhere to the said terms and policies.

PRIVACY.

- ☐ I wish to be included on the delegate list provided to supporters.
☐ I wish to be included on any published delegate list including programs, mobile apps, etc.

PLEASE RETURN THIS REGISTRATION FORM WITH REQUIRED PAYMENT TO

American Clinical Neurophysiology Society, Attn: Meetings Department

• 555 E. Wells Street, Suite 1100 • Milwaukee, WI 53202 • Fax: (414) 276-3349 • E-mail: info@acns.org •

*If registering as a **Resident or Fellow**, please complete the following **required** fields.

*Please select one:

- ☐ Resident
☐ Fellow

*Institution _____

*Expected date of Program completion _____

*By registering at this rate, I hereby give my permission for ACNS to verify the above information.