



Conference Registration

Perfusion Safety/Best Practices in Perfusion 2009

Royal Sonesta Hotel • New Orleans, Louisiana

June 24–27, 2009

PLEASE PRINT OR TYPE

Name _____ Degree _____
Last First MI

Mailing Address _____

City / State / ZIP _____ Email Address* _____

Office Phone _____ Home Phone _____ Fax # _____

Accompanying Person(s) Name(s) _____

**Please provide an Email address for a confirmation of your registration.*

	On or Before June 3	After June 3		
<input type="checkbox"/> AmSECT Member	\$325	\$375	=	\$ _____
<input type="checkbox"/> Certified PBMT - AmSECT Member (only non-CCPs qualify for PBMT rate)	\$75	\$100	=	\$ _____
<input type="checkbox"/> Certified PBMT – Nonmember (only non-CCPs qualify for PBMT rate)	\$200	\$250	=	\$ _____
<input type="checkbox"/> Non-Member*	\$550	\$600	=	\$ _____
<input type="checkbox"/> Student AmSECT Member	\$100	\$150	=	\$ _____
Institution _____			Meeting Total	= \$ _____
Graduation Date _____				

I am registering for continuing education credit as a registered nurse

*To register at the reduced member rate, attach an AmSECT membership application and dues payment to this registration form. AmSECT membership applications can be obtained at www.amsect.org.

Wednesday, June 24 – Simulation Hands-On Workshops

These one-on-one sessions offer the perfusionist the opportunity to participate in a structured hands-on, interactive simulation of cardiopulmonary bypass. The appointments will be assigned on a first-come, first served basis, and space is limited to 28 participants. There are four opportunities per hour at the times listed below, and each session lasts 45 minutes. Please indicate your 1st, 2nd and 3rd choices for Simulation Hands-on Workshops. Your appointment will be included in the email confirming your registration, and admission will be granted with the presentation of the ticket you will find in your registration packet. It is highly recommended that you confirm your session assignment prior to making our travel arrangements. If you are unable to keep your appointment, please contact AmSECT as soon as possible so the session can be reassigned.

Please indicate your 1st, 2nd and 3rd choices:

8:00 am **FULL** 9:00 am **FULL** 10:00 am **FULL** 11:00 am **FULL** 12:30 pm **FULL** 1:30 pm **FULL** 2:30 pm **FULL**

Method of Payment Personal Check VISA MasterCard American Express

Card No. _____ Exp. Date _____

Signature _____ Printed Name on Card _____

If paying by check, please make checks payable to AmSECT and mail to: AmSECT • 2209 Dickens Road • Richmond, VA 23230-2005
 Phone (804) 565-6363 • Fax form to: (804) 282-0090

Refund Policy: 80% refund through June 3, 2009; no refunds after June 3, 2009. Refunds will be determined by the date a cancellation request is received in writing at AmSECT National Headquarters. If you do not receive registration confirmation from AmSECT National Headquarters within 30 days of submitting your registration, please call the office to confirm that your registration material has been received.

Americans with Disabilities Act: The American Society of ExtraCorporeal Technology has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accessible accommodations, please contact AmSECT at (804) 565-6363 for assistance.