



Conference Registration

16th Annual Symposium on New Advances in Blood Management

Snow King Resort • Jackson Hole, Wyoming • August 13-16, 2008

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 July 12	After July 12	
<input type="checkbox"/> AmSECT Member	\$325	\$375	= \$ _____
<input type="checkbox"/> Non-Member*	\$550	\$600	= \$ _____
<input type="checkbox"/> Student AmSECT Member	\$100	\$150	= \$ _____
Institution _____			
Graduation Date _____			
		Meeting Total	= \$ _____

I am registering for continuing education credit as a registered nurse

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

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:
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Refund Policy: 80% refund through July 12, 2008; no refunds after July 12. Refunds will be determined by the date a cancellation request is received in writing at the AmSECT National Office.

If you do not receive a confirmation letter from the AmSECT National Office 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.