



CONFERENCE REGISTRATION

Perfusion Safety/Best Practices in Perfusion 2011

October 5-8, 2011 • Grand Hyatt San Antonio • San Antonio, Texas

- 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 September 7, 2011	After September 7, 2011			
<input type="checkbox"/> AmSECT Member	\$325 USD	\$375 USD	=	\$	_____
<input type="checkbox"/> Certified PBMT - AmSECT Member (only non-perfusionists qualify for CPBMT rate)	\$150 USD	\$200 USD	=	\$	_____
<input type="checkbox"/> Non-Member	\$550 USD	\$600 USD	=	\$	_____
<input type="checkbox"/> International Non-Member	\$450 USD	\$500 USD	=	\$	_____
<input type="checkbox"/> Student AmSECT Member	\$100 USD	\$150 USD	=	\$	_____
Institution _____					
Graduation Date _____				Meeting Total	= \$ _____

Four **Workshops** (included in registration) will be offered in Session 4 and Session 10. Each delegate may attend two of the eight Workshops as divided below. **Please indicate your first through fourth choices for each day.** Every attempt will be made to schedule each delegate for their top choice in each session. Note: Simulation Workshops III, IV, VII and VIII will be limited to a maximum of 20 delegates per lab (40 total per day), and allocated on a first-come basis.

THURSDAY	Circle one: 1st 2nd 3rd 4th I: Searching for Evidence	Circle one: 1st 2nd 3rd 4th II: A Tool Set for Making Guidelines	Circle one: 1st 2nd 3rd 4th III: Simulation Lab	Circle one: 1st 2nd 3rd 4th IV: Simulation Lab
FRIDAY	Circle one: 1st 2nd 3rd 4th V: Can I Do Some Research?	Circle one: 1st 2nd 3rd 4th VI: Why Would I Want to Be in a Registry?	Circle one: 1st 2nd 3rd 4th VII: Simulation Lab	Circle one: 1st 2nd 3rd 4th VIII: Simulation Lab

Four **Town Hall Chat** topics have been selected for Session 6, and are repeated for Session 8. **Please indicate your first through fourth choices for each Town Hall Chat topic.** Each delegate may attend two of the four Town Hall Chat topics. Every attempt will be made to schedule each delegate for their top two choices.

Circle one: 1st 2nd 3rd 4th I. Leadership Development	Circle one: 1st 2nd 3rd 4th II. Improving the Conduct of CPB at Your Institution	Circle one: 1st 2nd 3rd 4th III. So You Want to Perform a Perfusion-based Research Study	Circle one: 1st 2nd 3rd 4th IV. Using Electronic Data for Quality Improvement
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**CVV code is the 3-digit number on the back of VISA or MC or 4-digit number on the front of AMEX card above the account number.*

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 September 7, 2011; no refunds after September 7, 2011. 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 10 days of submitting your registration, please call the office to confirm that your registration material has been received.