



CONFERENCE REGISTRATION

Perfusion Safety/Best Practices in Perfusion 2010

October 6-9, 2010

Fairmont Royal York • Toronto, Ontario, Canada

- 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, 2010	After September 7, 2010		
<input type="checkbox"/> AmSECT Member	\$325 USD	\$375 USD	=	\$ _____
<input type="checkbox"/> CSCP Member	\$325 USD	\$375 USD	=	\$ _____
<input type="checkbox"/> Certified PBMT - AmSECT Member (only non-perfusionists qualify for PBMT rate)	\$75 USD	\$100 USD	=	\$ _____
<input type="checkbox"/> Certified PBMT – Nonmember (only non-perfusionists qualify for PBMT rate)	\$200 USD	\$250 USD	=	\$ _____
<input type="checkbox"/> Non-Member*	\$550 USD	\$600 USD	=	\$ _____
<input type="checkbox"/> Student AmSECT Member	\$100 USD	\$150 USD	=	\$ _____
Institution _____				
Graduation Date _____				
		Meeting Total	=	\$ _____

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, October 6 – High Fidelity Hands-on Simulation Sessions at CAE-Michener Simulation Centre

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 two hours (30 minutes prebrief, 50 minutes simulation, 30 minutes debrief). 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 your 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:

7:30 am _____ 8:30 am _____ 9:30 am _____ 10:30 am _____ 12:15 pm _____ 1:15 pm _____ 2:15 pm _____

Method of Payment Personal Check VISA MasterCard American Express

Credit Card No. _____ Exp. Date _____ CVV Security Code* _____

Signature _____ Printed Name on Card _____

**CVV code is the three 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, 2010; no refunds after September 7, 2010. 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.