

All course materials will be distributed to you as electronic links/PDFs via email prior to the course.

Email, fax, or mail completed form to ASLMS.

**Registrant Information**

NAME	POSITION/TITLE
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ORGANIZATION
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ADDRESS
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CITY	STATE/PROVINCE/REGION	POSTAL/ZIP CODE	COUNTRY
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PHONE	FAX	EMAIL
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DO YOU REQUIRE SERVICES FOR A DISABILITY?  
 No                       Yes: Provide details \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS COURSE?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> News Article	<input type="checkbox"/> Direct Mail
<input type="checkbox"/> Email	<input type="checkbox"/> Website	<input type="checkbox"/> Journal
<input type="checkbox"/> Word-of-mouth	<input type="checkbox"/> Social Media	<input type="checkbox"/> Other: _____

**Fees & Payment Information**

**REGISTRATION FEE (Select One)**  
 \$950 ASLMS Member  
 \$1,250 Non-Member  
 \$200 Student, Resident, Fellow-in-training. Only 5 seats available. Must attach a letter from your program director or Chief of Service on official letterhead for verification.

**PARKING FEE:**  
 Do you plan to drive a personal vehicle to the course?  
 Yes    No  
 If "Yes" you will need to purchase a parking pass for each day. Passes will be distributed on-site.

**Check the days below for which you need a parking pass:**  
 \$10 – Saturday  
 \$10 – Sunday  
\*UCI rate is \$2 per hour x10 hours Saturday or x5 hours Sunday. All-day pass is \$10.

**PAYMENT TYPE (USD)**  
 Check or Money Order (Made out to ASLMS)  
 Visa  
 MasterCard  
 American Express

Card Number: \_\_\_\_\_

Expiration Date (mm/yyyy): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize ASLMS to charge the registration fee, and parking fee if applicable, (USD) to my credit card and acknowledge that a service fee of \$200 will be assessed for processing refunds. No refunds after October 12 2018.

**Not a member of ASLMS?**

Don't worry! Non-members who submit a membership application at the time of registration qualify for the member fee.