



2017 Annual Scientific Meeting Registration

APRIL 26-29, 2017 • HYATT REGENCY ALBUQUERQUE

- PLEASE PRINT OR TYPE -

Name _____ Credentials _____
Last First MI

Institution _____

Mailing Address _____

Country _____

City / State / ZIP _____ Email Address* _____

Office Phone _____ Home Phone _____ Fax # _____

Guest/Attendent _____

Please check if applicable: Speaker Poster Presenter Moderator Special Needs? Accessibility Dietary

Special needs required _____

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

PRECOURSES - WEDNESDAY, APRIL 26, 2017 Choose one only

- PRECOURSE ONE: HOWARD H. STEEL PEDIATRIC PRE-COURSE
 PRECOURSE TWO: UROLOGY

Make your selection below	Early By 3/1/17	Regular After 3/1/17	Onsite After 3/30/17	
Pre-Course	\$200	\$250	\$300	= \$ _____
Pre-Course Student	\$75	\$100	\$125	= \$ _____

ASIA 2017 ANNUAL SCIENTIFIC MEETING – APRIL 27-29, 2017

	Early By 3/15/17	Regular After 3/15/17	Onsite After 4/12/17	
<input type="checkbox"/> ASIA Member	\$575	\$675	\$775	= \$ _____
<input type="checkbox"/> Non-Member*	\$775	\$875	\$975	= \$ _____
* Join ASIA now: Attach a completed membership application to receive a \$200 discount on meeting registration!				
<input type="checkbox"/> Student <input type="checkbox"/> Fellow <input type="checkbox"/> Resident	\$200	\$250	\$300	= \$ _____
(Must have written Verification from department chair.)				
<input type="checkbox"/> Guest/Attendent (Guest fee - receptions only)	\$100	\$150	\$150	= \$ _____

Guest Name _____

PRECOURSE SUBTOTAL = \$ _____

SCIENTIFIC MEETING SUBTOTAL = \$ _____

GRAND TOTAL = \$ _____

I have read and agree to the Refund Policy below (required for registration confirmation).

Method of Payment Check (Made out to ASIA in US dollars) VISA MasterCard American Express Discover

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

Credit Card Billing Address _____ Zip Code _____

Signature _____ Printed Name on Card _____

*CVV code is the three-digit number on the back of VISA, MC or Discover or four-digit number on the front of AMEX card above the account number.

If paying by check, please mail to the address below • Credit card registration can be faxed to (804) 282-0090

ASIA • 2209 Dickens Road • Richmond, VA 23230-2005 • (804) 565-6396 • Fax (804) 282-0090 • asia@asia-spinalinjury.org

Refund Policy: 80% refund through March 26, 2017; no refunds after March 26, 2017. Refunds will be determined by the date a cancellation request is received in writing at ASIA.

Americans with Disabilities Act: The American Spinal Injury Association (ASIA) 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 ASIA at (804) 565-6396 for assistance.