



- PLEASE PRINT OR TYPE -

Name \_\_\_\_\_ Credentials \_\_\_\_\_  
Last First MI

Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Country \_\_\_\_\_

City / State / ZIP \_\_\_\_\_ Email Address\* \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Special Needs?  Accessibility  Dietary  Special needs required \_\_\_\_\_

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

## ASIA 2019 ANNUAL SCIENTIFIC MEETING – APRIL 2-5

	Early Through 2/15/2019	Regular After 2/15/2019	
<input type="checkbox"/> ASIA Member	\$800	\$900	= \$ _____
<input type="checkbox"/> Non-Member	\$975	\$1075	= \$ _____
<input type="checkbox"/> Student <input type="checkbox"/> Fellow in Training <input type="checkbox"/> Resident <i>(Must have written verification from program director. Please print.)</i>	\$275	\$325	= \$ _____

Institution \_\_\_\_\_ Training Completion Date \_\_\_\_\_

Program Director's Name \_\_\_\_\_

Program Director's Email \_\_\_\_\_

President's Luau Reception  
 \$35 for meeting registrants = \$ \_\_\_\_\_

Guest and Reception Registration **DEADLINE FOR LUAU GUEST TICKETS IS MARCH 15, 2019**  
 \$100 each for adult guest(s) x \_\_\_\_\_ guest(s) = \$ \_\_\_\_\_  
 (Includes President's Luau and Welcome Reception)

Guest Name(s) \_\_\_\_\_

\$35 each for child guest(s) ages 5-17 x \_\_\_\_\_ guest(s) *Children ages 4 and under are free.* = \$ \_\_\_\_\_  
 (Includes President's Luau only)

Guest Name(s) \_\_\_\_\_

	Early Through 2/15/19	Regular After 2/15/19	
<input type="checkbox"/> Meeting plus 2019 Non-Physician and Non-Doctoral Membership	<b>\$1025</b>	<b>\$1125</b>	= \$ _____
<input type="checkbox"/> Meeting plus 2019 Physician and Doctoral Membership	<b>\$1150</b>	<b>\$1250</b>	= \$ _____

**GRAND TOTAL** = \$ \_\_\_\_\_

**SEE PAGE TWO FOR PAYMENT INFORMATION AND TO COMPLETE YOUR REGISTRATION.**



## PAYMENT OPTIONS

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**Grand total due for conference and guest registration from page one \$ \_\_\_\_\_**

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

**Method of Payment**    Check (Payable 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.office@asia-spinalinjury.org](mailto:asia.office@asia-spinalinjury.org)**

**Refund Policy:** 80% refund through February 28, 2019; no refunds after February 28, 2019. Refunds will be determined by the date a written cancellation request is received 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.

IF YOU DO NOT RECEIVE A CONFIRMATION E-MAIL FROM ASIA WITHIN 30 DAYS OF SUBMITTING YOUR REGISTRATION, PLEASE CALL/EMAIL THE OFFICE TO CONFIRM THAT YOUR REGISTRATION MATERIAL HAS BEEN RECEIVED.