

The ASCI/AAP Joint Meeting

April 23-25, 2010
The Fairmont Chicago
Chicago, IL

Joint Meeting Registration Form

Print or type • Complete one form for each registrant

First Name	M.I.	Surname
Degree(s)		
Name (as you would like it to appear on your badge)		
Title		
Institution/Affiliation		
Street Address		
City	State/Province	ZIP/Postal Code Country
Work Telephone	Work Fax	
E-mail		
Emergency Contact During Meeting (Name, Telephone)		

Registration Fees	On or before March 11	After March 11 and onsite
Dual ASCI/AAP Member	<input type="checkbox"/> \$365	<input type="checkbox"/> \$415
ASCI Member	<input type="checkbox"/> \$365	<input type="checkbox"/> \$415
AAP Member	<input type="checkbox"/> \$365	<input type="checkbox"/> \$415
Nonmember	<input type="checkbox"/> \$465	<input type="checkbox"/> \$515
Students and Trainees*		
<small>*Please submit a letter of verification of your student trainee status: K08, K23 or K12 holder, MD/PhD student or a current ASCI/AAP Member trainee. This letter can be from a supervisor, program director or anyone with authority over your grant, student or trainee status.</small>		
ASCI/AAP Member trainees	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
K-Series Grant Holders	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Please circle one: K08 K12 K23		
Young Investigators	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Please circle one: Doris Duke Charitable Foundation Burroughs Wellcome Foundation Sarnoff Cardiovascular Research Foundation		
Student	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
Please Circle: CSCR MD/PhD MWAFMR		
Optional Events		
ASCI Dinner	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60
Number of Tickets _____		
AAP Dinner (AAP members only)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Number of Tickets _____		
Please list the names for each AAP Dinner ticket recipient: _____		
Total Payment: \$ _____		

Advance Registration must be received no later than April 8, 2010.

After April 8, please register onsite.



Register online at
www.jointmeeting.org
 Payment by credit card required



Mail this form with payment to:
ASCI/AAP Joint Meeting
 39751 Treasury Center
 Chicago, IL 60694-9700 USA



Fax this form
 with payment to:
 +1-847-480-9282
 Payment by credit card required

Telephone registrations cannot be accepted.



Please indicate any special needs

Taxpayer ID# 52-0847477

All fees are U.S. dollars. Payment must be made in U.S. funds drawn on a U.S. bank.

Cancellations

Notification of cancellation must be submitted to the Registration Manager in writing. A \$50 cancellation fee will apply to cancellations received by April 8, 2010. Cancellations received after April 8, 2010, will be subject to a \$100 cancellation fee. No refunds will be given after April 15, 2010.

NOTE: If you fax a registration with credit card payment, DO NOT mail an additional copy.

Questions?

Call Joint Meeting headquarters at +1-847-480-9712.

Payment

- Check enclosed, payable to: **ASCI/AAP Joint Meeting**
- VISA MasterCard American Express Discover Diners Club

Print Name as it appears on card	
Credit Card Number	Expiration Date (mm/yy)
Signature	Date
Billing Address (if different from above)	