



# 26TH ANNUAL MEETING OF THE AANS/CNS SECTION ON DISORDERS OF THE SPINE AND PERIPHERAL NERVES



## ON-SITE REGISTRATION FORM

Please print legibly using one form per person.

The name and e-mail address entered below will be used for CME information.

### WHAT'S INCLUDED IN THE REGISTRATION FEE?

#### Medical Registration includes the following:

- ▶ Daily Continental Breakfasts.
- ▶ Daily Beverage Breaks.
- ▶ Daily Scientific Sessions.
- ▶ Entrance to the Exhibit Hall.
- ▶ One ticket to Wednesday Opening Reception.
- ▶ One ticket to Thursday Lunch with Exhibitors.
- ▶ One ticket to Thursday Reception with Exhibitors.

#### Spouse/Guest Registration includes the following:

- ▶ Daily Continental Breakfasts with medical attendees.
- ▶ Daily Scientific Sessions.
- ▶ One ticket to Wednesday Opening Reception.
- ▶ One ticket to Thursday Reception with Exhibitors.
- ▶ Entrance to the Exhibit Hall.

Special Note: Children under the age of 18 are not permitted in the exhibit hall.

LAST NAME FIRST NAME CREDENTIALS

INSTITUTION/HOSPITAL/OFFICE/COMPANY

ADDRESS

CITY STATE/PROVIDENCE COUNTRY ZIP/POSTAL CODE

TELEPHONE (IF INTERNATIONAL PLEASE INCLUDE COUNTRY CODE) FAX

E-MAIL (THIS E-MAIL WILL BE USED FOR CME INFORMATION)

SPOUSE/GUEST NAME (IF APPLICABLE: PLEASE PRINT NAME AS IT WILL APPEAR ON BADGE).

CHILD NAME(S) AND AGE

### Meeting Registration Fees

#### Registration Category

Spine Section Member (101S)	<input type="checkbox"/> \$550
NASS Member (102S)	<input type="checkbox"/> \$550
Orthopedic Surgeon (103S)*	<input type="checkbox"/> \$550
Non-Member (104S)	<input type="checkbox"/> \$600
Non-Physician, Non-Member (111S)	<input type="checkbox"/> \$600
Resident (105S)	<input type="checkbox"/> \$400
Medical Student (110S)	<input type="checkbox"/> \$0
Nurse (106S)	<input type="checkbox"/> \$400
Physician Assistant (107S)	<input type="checkbox"/> \$400
Spouse/Guest (108S)	<input type="checkbox"/> \$130
Child (109S)	<input type="checkbox"/> \$0

**SUBTOTAL FOR REGISTRATION FEE SECTION \$ \_\_\_\_\_**

\*Orthopedic Surgeon Registration Includes One-Year Complimentary Adjunct Membership.

Please see reverse side for Special Courses, Luncheon Symposia and Social Events.

# SPECIAL COURSES, LUNCHEON SYMPOSIA AND SOCIAL EVENTS TICKET ORDER

Special Courses and Luncheon Symposia seating is limited.

## Special Courses **Wednesday, February 17** **1:30 – 5:30 PM**

- Special Course I – Coding Update and Review**  
Medical Registrant \$200 (Includes Lunch) – (020S)
- Special Course II – Masters in Spinal Surgery: What Has Experience Taught Me?**  
Medical Registrant \$200 (Includes Lunch) – (021S)
- Special Course III – Spinal Deformity**  
Medical Registrant \$200 (Includes Lunch) – (022S)
- Special Course IV – Advanced MIS Techniques/Managing MIS Complications**  
Medical Registrant \$200 (Includes Lunch) – (023S)
- Special Course V – Management of Perioperative Pain Issues**  
*Special Course for Nurses, Nurse Practitioners and Physician Extenders*  
Medical Registrant \$110 (Includes Lunch) – (024S)
- Special Course VI – Pediatric Craniocervical**  
Medical Registrant \$200 (Includes Lunch) – (025)
- Special Course VII – Update on Spinal Surgery in Taiwan and the Far East**  
*Taiwan Neurospinal Society Members/Resident/Fellow \$0* (Includes Lunch) – (034R)
- Special Course VII – Update on Spinal Surgery in Taiwan and the Far East**  
Medical Registrant \$200 (Includes Lunch) – (034S)

## Special Courses **Friday, February 19** **1:30 – 5:30 PM**

- Special Course VIII – Peripheral Nerve Exposures and Nerve Repair Techniques**  
Resident/Fellow \$0 (Includes Lunch) – (025R)
- Special Course VIII – Peripheral Nerve Exposures and Nerve Repair Techniques**  
Medical Registrant \$200 (Includes Lunch) – (026S)
- Special Course IX – Evaluation and Management of the Spine Trauma Patient**  
*Special Course for Nurses, Nurse Practitioners and Physician Extenders*  
Medical Registrant \$110 (Includes Lunch) – (027S)

## Luncheon Symposia **Friday, February 19** **12:30 – 2:30 PM**

- Luncheon Symposium I – Revision Spine Surgery**  
Medical Registrant \$200 (Includes Lunch) – (028S)
- Luncheon Symposium II – Neurosurgeon as CEO: Business Aspects of Spinal Surgery**  
Medical Registrant \$200 (Includes Lunch) – (029S)
- Luncheon Symposium III – Treatment of Primary and Metastatic Spine Tumors**  
Medical Registrant \$200 (Includes Lunch) – (031S)
- Luncheon Symposium IV – Geriatric Spine**  
Medical Registrant \$200 (Includes Lunch) – (032S)
- Luncheon Symposium V – Spinal Arthroplasty**  
Medical Registrant \$200 (Includes Lunch) – (033S)

**SUBTOTAL FOR SPECIAL COURSES AND LUNCHEON SYMPOSIA SECTION \$ \_\_\_\_\_**

## Social Events

### Opening Reception **Wednesday, February 17** **6:00 – 8:00 PM**

- \_\_\_\_\_ @ \$100 (041S) \$ \_\_\_\_\_

*Note: One (1) ticket is included in the registration fee for each medical registrant and spouse/guest. Use this to order additional tickets.*

### Reception with Exhibitors **Thursday, February 18** **5:15 – 6:45 PM**

- \_\_\_\_\_ @ \$100 (042S) \$ \_\_\_\_\_

*Note: One (1) ticket is included in the registration fee for each medical registrant and spouse/guest. Use this to order additional tickets. Children under the age of 18 are not allowed in the exhibit hall.*

**SUBTOTAL FOR SOCIAL EVENTS SECTION \$ \_\_\_\_\_**

## PAYMENT

### SUBTOTAL REGISTRATION FEE SECTION

\$ \_\_\_\_\_

### SUBTOTAL FOR SPECIAL COURSES AND LUNCHEON SYMPOSIA SECTION

\$ \_\_\_\_\_

### SUBTOTAL FOR SOCIAL EVENTS SECTION

\$ \_\_\_\_\_

### TOTAL MEETING REGISTRATION

\$ \_\_\_\_\_

Check: Full payment must accompany your registration form. Make check (US Dollars drawn on a US Bank) payable to: DSPN Registration and Housing Center, 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030. *(Any checks returned for insufficient funds are subject to additional charges.)*

Credit Card Authorization: Credit card will be charged immediately.

- Visa  Master Card
- American Express

\_\_\_\_\_  
CREDIT CARD NUMBER EXPIRATION DATE

\_\_\_\_\_  
NAME OF CARDHOLDER (PRINT)

\_\_\_\_\_  
BILLING ADDRESS (IF DIFFERENT THAN REGISTRATION)

\_\_\_\_\_  
SIGNATURE  
(I agree to pay according to the credit card issuer agreement)

By signing this form: I authorize the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves Registration and Housing Center to charge my credit card for the total payment due and acknowledge that the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves registration cancellation policies are in effect.

These fees are subject to audit in case of error, the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves Registration and Housing Center reserves the right to correct the error and charge the appropriate fees.