

# 2010 Annual Conference REGISTRATION FORM

August 4-7, 2010

Kentucky International Convention Center • Louisville, KY

This form can be photocopied for each attendee.

All items marked with an asterisk (\*) are required.



First Name*	Last Name*
Nickname for Badge	Credentials*
Company/Hospital*	ASET Member ID*
<input type="checkbox"/> Home <input type="checkbox"/> Work	Title*
Address*	
City*	State*
Phone*	Fax*
Email*	
In Case of Emergency, Please Contact*:	
Name*	Phone*

## ASET REGISTRATION FEES

	ON OR BEFORE 7/15/10	AFTER 7/15/10
<b>Full 4-day [Wed. - Sat.]</b>		
ASET Member .....	<input type="checkbox"/> \$500	<input type="checkbox"/> \$575
Non-member .....	<input type="checkbox"/> \$600	<input type="checkbox"/> \$675
<b>General Session [Wed. &amp; Thurs.]</b>		
ASET Member .....	<input type="checkbox"/> \$285	<input type="checkbox"/> \$360
Non-member .....	<input type="checkbox"/> \$365	<input type="checkbox"/> \$440
<b>Two Course Days [Fri. &amp; Sat.]</b>		
ASET Member .....	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450
Non-member .....	<input type="checkbox"/> \$455	<input type="checkbox"/> \$530
<b>Daily Registration Only</b>		
ASET Member		
<input type="checkbox"/> Wednesday .....	<input type="checkbox"/> \$150	<input type="checkbox"/> \$225
<input type="checkbox"/> Thursday .....	<input type="checkbox"/> \$150	<input type="checkbox"/> \$225
<input type="checkbox"/> Friday .....	<input type="checkbox"/> \$250	<input type="checkbox"/> \$325
<input type="checkbox"/> Saturday .....	<input type="checkbox"/> \$250	<input type="checkbox"/> \$325
Non-member		
<input type="checkbox"/> Wednesday .....	<input type="checkbox"/> \$200	<input type="checkbox"/> \$275
<input type="checkbox"/> Thursday .....	<input type="checkbox"/> \$200	<input type="checkbox"/> \$275
<input type="checkbox"/> Friday .....	<input type="checkbox"/> \$300	<input type="checkbox"/> \$375
<input type="checkbox"/> Saturday .....	<input type="checkbox"/> \$300	<input type="checkbox"/> \$375
<b>Student Registration</b>		
Full 4-day [Wed. - Sat.] .....	<input type="checkbox"/> \$250	<input type="checkbox"/> \$325
One Day Only		
<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. ....	<input type="checkbox"/> \$125	<input type="checkbox"/> \$225

## ADDITIONAL CONFERENCE OPTIONS

Annual Exhibit Hall Opening Reception**	
[Thurs. evening] <i>Included with Full 4-day and 2 Course Days Registration</i> .....	<input type="checkbox"/> \$50
Sundown Seminars .....	<input type="checkbox"/> \$30
Guest Pass*** .....	<input type="checkbox"/> \$180

**GRAND TOTAL** ..... \$

See other side for payment options

*Please note that special events are NOT included in the registrations fees unless otherwise noted.*

- \* Required field, confirmation of registration will be sent via e-mail.
- \*\* Included with purchase of Full 4-Day and 2 Course Days Registration only.
- \*\*\* Guest Pass includes admittance to the exhibit hall, opening reception and lunch on Thurs., Fri. and Sat.

Return your completed registration form with payment to:

### ASET, INC.

402 East Bannister Road, Suite A • Kansas City, MO 64131-3019  
Fax: 816.931.1145 • Fed ID# 74-1553534

QUESTIONS? Contact ASET at 816.931.1120 or info@aset.org

**Continued on back**

# 2010 Annual Conference Registration Form *(continued)*

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## COURSE ATTENDANCE\*

Attendees have the option of moving between the various courses. Due to limited seating, please indicate which one you are more likely to attend.

### FRIDAY, AUGUST 6

- Evoked Potentials & Autonomic Testing
- IONM Key Topics
- NCS Key Topics
- Trends in ICU Monitoring

### SATURDAY, AUGUST 7

- Advanced IONM
- EEG Key Topics
- LTM/Epilepsy Monitoring
- Professional Development

### SUNDOWN SEMINARS [FRIDAY] - \$30

- CPT Coding Workshop
- EEG Board Prep Study Tips Workshop
- New Technology in PSG: C-PAP, ASV, RIP, HST
- TCD Workshop

- VOLUNTEER SPEED MATCHING [FRIDAY] – FREE

## PAYMENT OPTIONS

- CHECK MADE PAYABLE TO ASET ENCLOSED

Please bill my :

- American Express       Discover
- MasterCard               VISA

Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

CID Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**TOTAL AMOUNT**

\$

## SPECIAL REQUESTS

I have special accessibility or dietary restrictions, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this your first time attending the ASET Annual Conference?\*

- YES     NO

If yes, would you like to be assigned a buddy to help familiarize you to the conference?\*

- YES     NO

## CONFERENCE T-SHIRT

ASET 2010 Annual Conference T-Shirt ..... **COMPLIMENTARY**  
*(Sponsored by Cadwell Laboratories, Inc.)*

Please choose size below:

- Small     Medium     Large
- X-Large     XXL     XXXL

## STUDENT AUTHORIZATION

Program Director's authorization: This student is enrolled in the formal program that I direct and receives no stipend for clinical work.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*[Program Director's signature required]*

## GUEST/SPOUSE REGISTRATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname for Badge \_\_\_\_\_

## ASET PRIVACY POLICY\*

NOTE: ASET provides attendee information to exhibitors and other attendees of ASET conferences. To ensure that we only provide the information you want released, please select one of the following. If no box is checked, your information will be included.

- My information as shown
- My information as shown, except email
- My information should not be released

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