

Exhibitor Registration

[Return by July 1, 2010]

Company _____ Name _____

Check appropriate credentials, if any: R. EEG T. R. EP T. RPSGT CNIM CLTM R.NCS.T. MD Other _____

Primary Contact? Yes No [Primary contact will receive opening reception tickets.]

Nickname for Badge _____ ASET ID [if member] # _____

Mailing address _____

City _____ State/Province _____ Zip Code/Postal Code _____

Daytime phone number (_____) _____ E-mail* _____

What days do you plan on working in the exhibit hall? Wednesday Thursday Friday

Each 10 x 10 booth gets 2 complimentary Full 4-Day registrations, which includes the Exhibit Hall Reception on Thursday evening and lunches Thursday, Friday and Saturday. If you plan to attend courses and want to receive ACE credits, you will need to make copies of this form and pre-register. Please register all additional personnel for this event as well, [one registrant per form]. Please note, that exhibitors have been given a discount off registration fees. Confirmation of registration will be sent to the above e-mail address.

Check Appropriate Category

Complimentary Full 4-Day Exhibitor Registration	<input type="checkbox"/> Complimentary
Additional Booth Personnel	<input type="checkbox"/> \$185
[Opening Reception, Thurs. Fri. & Sat. registration only - no ACE Credits awarded and no lunch included]	
Full 4-day Registration [Wed. - Sat.]	<input type="checkbox"/> \$400
[Includes Opening Reception, lunches, breaks and handouts]	
General Session [Wed. & Thurs.]	<input type="checkbox"/> \$200
[Includes lunch on Thursday, breaks and handouts]	
Two Course Days [Fri. & Sat.]	<input type="checkbox"/> \$275
[Includes Opening Reception, lunches, breaks and handouts]	
One Day Only [only one day can be checked for this category]	
<input type="checkbox"/> Wednesday [Includes breaks, Opening Reception and handouts]	<input type="checkbox"/> \$100
<input type="checkbox"/> Thursday [Includes lunch, breaks, and handouts]	<input type="checkbox"/> \$100
<input type="checkbox"/> Friday [Includes lunch, breaks and course handouts]	<input type="checkbox"/> \$175
<input type="checkbox"/> Saturday [Includes lunch, breaks and course handouts]	<input type="checkbox"/> \$175
Sundown Seminar, Friday evening	<input type="checkbox"/> \$30
[select workshop below]	

Total Amount \$ _____

Course Sessions Attendance If you have registered to attend a course, please indicate which one[s] you plan to attend:

Friday, August 6

- Evoked Potentials
- 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, August 6th

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

Cancellation Policies

- All cancellations must be made in writing and can be mailed, faxed or e-mailed to the ASET Executive Office.
- Registration fees, less a \$50 processing fee may be refundable if written notice is received by the ASET Executive Office by Tuesday, July 6, 2010. There will be no refunds for cancellations received after July 6, 2010.

Payment Information

- Check or Money Order payable to: ASET, Inc. [U.S. dollars only]
- American Express Discover MasterCard Visa

Name on Card _____

Account No _____ - _____ - _____

Expiration Date _____ / _____ 3 / 4 digit security code _____ Zip Code _____
Month Year

Cardholder Signature _____

Return to:
ASET Executive Office
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Kansas City, MO 64131

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816.931.1145 fax