# ASET 2019 ANNUAL CONFERENCE

## Registration Form

**August 15-17, 2019**  
Sheraton Kansas City Hotel at Crown Center ● Kansas City, MO

This form can be photocopied for each attendee.  
All items marked with an asterisk (*) are required.

<table>
<thead>
<tr>
<th>First Name*</th>
<th>Last Name*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nickname for Badge</td>
<td>Credentials*</td>
</tr>
<tr>
<td>Company/Hospital *</td>
<td>Title* ASET Member ID*</td>
</tr>
<tr>
<td>Address*</td>
<td>City* State* ZIP/Postal Code* Country*</td>
</tr>
<tr>
<td>Phone* Fax*</td>
<td></td>
</tr>
<tr>
<td>Email*</td>
<td></td>
</tr>
</tbody>
</table>

In case of Emergency, Please contact:

| Name* | Phone* |

## ASET REGISTRATION FEES

<table>
<thead>
<tr>
<th></th>
<th>ON OR BEFORE 7/05/2019</th>
<th>AFTER 7/05/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full 3-day [Thurs. - Sat.]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASET Member</td>
<td>$500</td>
<td>$575</td>
</tr>
<tr>
<td>Non-member</td>
<td>$600</td>
<td>$675</td>
</tr>
<tr>
<td>Daily Registration Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASET Member</td>
<td>$175</td>
<td>$225</td>
</tr>
<tr>
<td>Non-member</td>
<td>$220</td>
<td>$275</td>
</tr>
</tbody>
</table>

## ADDITIONAL CONFERENCE OPTIONS

- Sundown Seminars .................................................. $30  
  (Select Seminar on other side)
- Guest Pass** ..................................................... $150

**GRAND TOTAL**

__$__

## STUDENT REGISTRATION FEES

<table>
<thead>
<tr>
<th></th>
<th>ON OR BEFORE 7/05/2019</th>
<th>AFTER 7/05/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full 3-day [Thurs.-Sat.]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASET Member</td>
<td>$250</td>
<td>$325</td>
</tr>
<tr>
<td>Non-member</td>
<td>$300</td>
<td>$375</td>
</tr>
<tr>
<td>Daily Registration Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASET Member</td>
<td>$90</td>
<td>$115</td>
</tr>
<tr>
<td>Non-member</td>
<td>$115</td>
<td>$135</td>
</tr>
</tbody>
</table>

**QUESTIONS?** Contact ASET at 816.931.1120 or info@aset.org
2019 Annual Conference Registration Form (continued)
August 15-17, 2019
Sheraton Kansas City Hotel at Crown Center • Kansas City, MO

COURSE ATTENDANCE
Attendees have the option of moving between the various courses.

SUNDOWN SEMINARS (FRIDAY) - $30
☐ EEG Instrumentation Concepts
☐ CPT Coding
☐ TCD Workshop
☐ IONM Instrumentation Workshop
☐ Educator’s Open Forum – NO FEE, NO CREDIT

CONTINUING EDUCATION CREDITS
ASET continuing education units (ASET CEUs) will be awarded to participants. Approximately 7.5 ASET CEUs will be awarded for Thursday, 7.5 credits for Friday and 6.5 for Saturday. The Sundown Seminars will be awarded 1.5 credits. You can earn up to 23 ASET CEUs’ during this conference. Such crediting, however, should not be construed by program participants as an endorsement of any type of instruments or supplies mentioned or involved in these presentations.

CONSENT TO USE PHOTOGRAPHIC IMAGES
Registration and attendance at, or participation in, the ASET 2019 Annual Conference constitutes an agreement by the registrant to ASET’s use and distribution (both now and in the future) of the registrant’s or attendee’s image or voice in photographs, videotapes, and electronic reproductions of the conference and its related activities.

CANCELLATION POLICIES
• All cancellations must be made in writing and must be mailed, faxed or emailed to the ASET Executive Office.
• Written notice of cancellation received by ASET on or before July 12, 2019, will result in a refund of fees paid less a $50 processing fee. There will be no refunds for cancellations after July 12, 2019.

PAYMENT OPTIONS
☐ CHECK MADE PAYABLE TO ASET ENCLOSED

Please bill my:
☐ American Express    ☐ Discover
☐ MasterCard    ☐ VISA

Name on Card ____________________

Account Number ____________________

Billing Zip Code ____________________ Expiration Date ____________________ CID Number ____________________

Authorized Signature ____________________

TOTAL AMOUNT $ ____________________

SPECIAL REQUESTS
I have the following special accessibility or dietary restrictions:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Is this your first time attending the ASET Annual Conference? ☐ YES ☐ NO

CONFERENCE T-SHIRT
ASET 2019 Annual Conference T-Shirt ...COMPLIMENTARY

Please choose size and style below:
[Register by July 12 to ensure you get your preferred size]
☐ 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.
This section is required to receive the student registration rates.

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, all your information will be included.

☐ My information as shown
☐ My information as shown, except email
☐ My information is not to be released

Return your completed registration form with payment to:
ASET – The Neurodiagnostic Society
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