American Academy of Anesthesiologist Assistants

34th Annual Conference

April 10 - 13, 2010 • Hyatt Regency Savannah • Savannah, GA

PROGRAM REGISTRATION FORM

If paying by check, please make payable to AAAA and mail to: 2209 Dickens Road, Richmond, VA 23230-2005; Phone: (804) 565-6353; Fax: (804) 282-0090

PLEASE PRINT OR TYPE

Name_____
Last First MI Professional Title

Preferred Mailing Address _____

City / State / Zip _____ Email Address_____

Office Phone_____ Home Phone_____ Fax # _____

REGISTRATION	On or Before 3/19/10	After 3/19/10
❒ AAAA Fellow Members and AAAA Physician Members	$395	$445
❒ AAAA Student Members*	$175	$225
❒ I would like to sponsor a student's registration fee. Student being sponsored: _____		
❒ Non-Members	$700	$750
❒ Guest Fee (Saturday Welcome Reception. Children age 5 and under free.) Accompanying Person(s) Name(s) _____	Adults ages 13+ $30 Children ages 6-12 $15	Adults ages 13+ $50 Children ages 6-12 $25
❒ Saturday & Sunday Only – Members (Includes continental breakfast, Saturday reception & Sunday lunch)	$295	$345
❒ Saturday & Sunday Only – Non-Members (Includes continental breakfast, Saturday reception and Sunday lunch)	$450	$500
❒ ACLS Course	$100	$150
❒ Yes, I will attend the AA Competencies Session on Tuesday at 8:00 am ❒ Yes, I will attend Talking About the AA Profession on Monday at 10:30 am	No Charge	No Charge
❒ Yes, I will attend the Clinical Instructors Workshop on Monday, 8:00 am –10:00 am**	No Charge	No Charge
Student Charity Golf Scramble at Crosswinds GolfClub _____x $100 for Non-students; _____x $75 for Student Golf Sponsorship *Pre-registration required. Please complete the section below and return by March 19, 2010.*	= $_____	
TOTAL FOR REGISTRATION (US Funds) $_____		

**Accepted AA students may attend at the student member rate, in addition to joining AAAA at the time of registration. Student dues are $100 for the entire term of matriculation at the AA program in which the student is enrolled.*

***Limited to 20 participants.*

If applying for Membership, please complete the Membership Application, and send with this Registration Form to:

AAAA, 2209 Dickens Road, Richmond, VA 23230-2005 (Credit Card payments may be faxed to 804-282-0090.)

❒ Personal Check (Payable to AAAA) ❒ VISA ❒ MasterCard ❒ AmEx ❒ Discover

Card No_____Exp. Date _____

Signature _____Printed Name on Card _____

Refund Policy: A full refund through March 1, 2010; 80% refund from March 2 through March 19, 2010; no refunds after March 19, 2010. Refunds will be determined by date written cancellation is received by the headquarters office.

IF YOU DO NOT RECEIVE A CONFIRMATION LETTER FROM THE AAAA WITHIN TWO WEEKS OF SUBMITTING YOUR REGISTRATION, PLEASE CALL/EMAIL THE OFFICE TO CONFIRM THAT YOUR REGISTRATION MATERIAL HAS BEEN RECEIVED.

Student Charity Golf Scramble at the Crosswinds GolfClub

❒ Student, my sponsor is _____ ❒ Student, requesting entry into sponsorship lottery ❒ Sponsoring, student name _____

My Handicap	Others in Foursome		
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