

Please complete a separate form for each attendee.

☐ ☐ ☐ _____
Dr Mr Ms Name of Registrant

Organization _____

Phone _____

Email (required for registration confirmation) _____

Register via credit card by faxing this form to 703.836.2090.

☐ VISA ☐ MasterCard ☐ AMEX

Card Number _____
/ _____

Expiration Date _____ CVV _____

Card Holder Name _____

Signature _____

Pay by mailing a Check made payable to Ambulatory Surgery Foundation with this form to

ASCA Meeting Registration
1012 Cameron St, Alexandria, VA 22314-2427

Send a Substitute

Substitute must be from same facility or organization. Substitution fees apply after April 2.

☐ ☐ ☐ _____
Dr Mr Ms Name

Credential(s) _____

Title _____

Address _____

City _____ State/ZIP _____

Phone _____

Fax _____

Email (required for registration confirmation) _____

RN Number (required for contact hours) _____

Cancellation Policy: All cancellation requests must be submitted in writing to ASCA via email (registration@ascassociation.org), fax (703.836.2090), or by mail. Through March 1, refunds are given minus a \$50 administrative fee. From March 2 through April 1, refunds will be given minus a \$150 administrative fee. **No refunds will be given after April 2.** If someone from your group registration must cancel, the refund will be made on the lowest registration fee paid by any member of the group, minus the administrative fees as outlined above. Please note that no refunds are issued for the pre-meeting workshops or tickets purchased.

Add a Pre-Meeting Workshop

All Workshops are Wednesday, April 17.

	Member	Full Price	
<input type="checkbox"/> CASC Review Course	\$250	\$365	\$ _____
<input type="checkbox"/> Achieving and Maintaining Life Safety Code Compliance	\$125	\$255	\$ _____
<input type="checkbox"/> HR Issues in the ASC	\$125	\$255	\$ _____
<input type="checkbox"/> Preparing for AAAHC Accreditation	\$125	\$255	\$ _____
<input type="checkbox"/> Preparing for Joint Commission Accreditation	\$125	\$255	\$ _____

Add a Guest

☐ Guest⁺ **\$125** \$ _____

Guest Name _____

⁺ **Guest registration** Guest registration is reserved for spouses/guests of the registrant who are not involved in the ASC industry in any way. Guests cannot attend educational sessions and are ineligible for continuing education credits. This fee allows the guest full access to the Exhibit Hall, including Wednesday and Thursday night receptions, continental breakfasts and lunch on Thursday. **Please note:** guest registration **does not** include tickets to Friday's Celebration Luncheon and Social Event. These tickets need to be purchased separately.

Purchase Printed Syllabus

Digital copy of syllabus included with each registration.

☐ Printed Syllabus (wire-bound book) **\$35** \$ _____

Add Optional Tickets

Full conference registration includes one ticket to Friday's Celebration Luncheon and the Social Event. Guest registration **does not** include tickets to these events. Please indicate the number of additional tickets below.

	Total
<input type="checkbox"/> Celebration Luncheon _____ # tickets x \$50 (Friday)	\$ _____
<input type="checkbox"/> Social Event _____ # tickets x \$95 (Friday Evening)	\$ _____
<input type="checkbox"/> John F. Kennedy Presidential Library Tour _____ # tickets x \$70 (Saturday Afternoon)	\$ _____
<input type="checkbox"/> Academic World of Cambridge MIT/Harvard Tour _____ # tickets x \$70 (Saturday Afternoon)	\$ _____

Add Substitution

Substitution fees apply after April 2.

☐ Substitution Fee **\$25** \$ _____

Purchase Session Recordings

Package includes all available breakout sessions.

☐ Entire Conference Package Download **\$95** \$ _____

Grand Total: \$