

Please enter registrant's contact information below.

If making a substitution, enter the original registrant's information below and the new registrant's information under **Send a substitute**.

☐ ☐ ☐ _____
Dr Mr Ms Name

Credential(s) _____

Title _____

Organization _____

Address _____

City _____ State/ZIP _____

Phone _____

Email (required for registration confirmation) _____

RN Number (required for contact hours) _____

Send a substitute.

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

☐ ☐ ☐ _____
Dr Mr Ms Name

Credential(s) _____

Title _____

City _____ State/ZIP _____

Phone _____

Email (required for registration confirmation) _____

RN Number (required for contact hours) _____

Register via credit card.

☐ VISA ☐ MasterCard ☐ AMEX

Card Number _____
/

Expiration Date _____ Billing Zip _____

Card Holder Name _____

Signature _____

For Office Use Only

☐ To be Processed Onsite ☐ To be Processed in Office

Registration Fees

<input type="checkbox"/> Full Price	\$1,399	\$ _____
<input type="checkbox"/> ASCA Affiliate Discounted Price	\$1,198	\$ _____
<input type="checkbox"/> Facility Member Discounted Price ¹		
1st Attendee	\$1,198	\$ _____
2nd Attendee	\$1,088	\$ _____
<input type="checkbox"/> Full Price Day Pass		
Wednesday	\$350	\$ _____
Thursday	\$575	\$ _____
Friday ²	\$535	\$ _____
Saturday	\$250	\$ _____
<input type="checkbox"/> Member Discounted Day Pass		
Wednesday	\$300	\$ _____
Thursday	\$535	\$ _____
Friday ²	\$495	\$ _____
Saturday	\$200	\$ _____
<input type="checkbox"/> Substitution	\$ 75	\$ _____
<input type="checkbox"/> Guest ³	\$375	\$ _____

Guest Name _____

Pre-Conference Workshops

All workshops are Wednesday, May 17.

	Member	Full Price	
<input type="checkbox"/> Preparing for AAAHC Accreditation	\$258	\$379	\$ _____
<input type="checkbox"/> A Comprehensive Guide to Credentialing and Peer Review	\$258	\$379	\$ _____
<input type="checkbox"/> Strategies for a Successful Joint Commission Accreditation Survey and Orthopedic Certification Review	\$258	\$379	\$ _____

Optional Tickets

Full conference and guest registration **include** one ticket to Friday's Celebration Luncheon and the Social Event. Please indicate the number of additional tickets below.

	Total
<input type="checkbox"/> Celebration Luncheon _____ # tickets x \$75 (Friday)	\$ _____
<input type="checkbox"/> Social Event _____ # tickets x \$145 (Friday Evening)	\$ _____

Grand Total: \$

^{1,2,3}Please see reverse for policies on multi-attendee discounts, day passes, guests, and cancellations.

¹**Multi-Attendee Discounts**

Registration fees and tickets are non-refundable. ASCA Facility Members sending more than one attendee from the **same location** are eligible for a discount when registering at the **same time**. Please submit a separate registration for each attendee.

²**Day Passes**

Registration fees for Day Passes on Friday, May 19 do not include a ticket to the Social Event.

³**Guests**

Guest registration is reserved for spouses/guests of the registrant who are not involved in the healthcare 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, wellness events, continental breakfasts, lunch on Thursday and Friday's Celebration Luncheon and the Social Event. ASCA reserves the right to review the registrations of all guests for eligibility. Any registrant that falls outside of our policy will have to either register under the appropriate rate or will be refunded.

Cancellations

Registration fees and tickets are non-refundable.