

Please complete a separate form for each attendee.

☐ Dr ☐ Mr ☐ Ms _____
Name

Credential(s)

Title

Organization

Address

City State/ZIP

Phone

Fax

Email (required for registration confirmation)

Cancellation Policy: All cancellation requests must be submitted via the Online Refund Request Form located at www.ascassociation.org/2015medicaldirectorcancellation. Through April 3, refunds are given minus a \$50 administrative fee. From April 4 through April 30, refunds will be given minus a \$150 administrative fee. **No refunds will be given beginning May 1.** 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.

Notes

Standard Registration Received After April 3rd

☐ Full Price **\$845** \$ _____
☐ Facility Member Discount*
1st Attendee **\$695** \$ _____
2nd Attendee **\$595** \$ _____
3rd+ Attendee **\$495** \$ _____

Early Registration Received Through April 3rd

☐ Full Price **\$745** \$ _____
☐ Facility Member Discount*
1st Attendee **\$595** \$ _____
2nd Attendee **\$495** \$ _____
3rd+ Attendee **\$395** \$ _____

***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.

Register via credit card by faxing this form to 703.836.2090.

☐ VISA ☐ MasterCard ☐ AMEX

Card Number

/ _____
Expiration Date CVV Billing Zip

Card Holder Name

Signature

Register by mailing a Check made payable to ASCA Foundation with this form to

ASCA Foundation
1012 Cameron St
Alexandria, VA 22314-2427

Name on Check

Check Number

Grand Total: \$

Visit our web site for more information: ascassociation.org/2015medicaldirectors
For questions, call 703.836.5904 or email registration@ascassociation.org