

Register Online: www.aspmn.org | ASPMN®, P.O. Box 723248, Atlanta, GA 31139

Final registration deadline is August 23. If you are registering after August 23, please bring your completed paperwork and payment with you to the conference.

STEP ONE: Registration Information

First Name _____ M.I. _____ Last Name (no credentials will appear on your name badge) _____

Name as you wish it to appear on your name badge, if different from your first name listed above _____

Employer _____

Preferred Address – please indicate home or work Home Work _____

City _____ State _____ Zip _____ Country _____

Daytime Telephone Number _____ Email Address _____

- Please exclude my information from any mail list sales or registration lists provided to exhibitors.
- I understand that photos may be taken of me during the conference to be published on ASPMN® social media sites, ASPMN®'s website or in publications to promote ASPMN®.

SPECIAL NEEDS

I will need assistance: _____

I have the following dietary requirements: Gluten-Free Diabetic Kosher Vegetarian Vegan

Other (describe allergies here): _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____ Phone Number _____

- This is my first time attending an ASPMN® National Conference.
- I am a new member of ASPMN® (joining after September 2019).
- I am currently a member of this ASPMN® Chapter: _____

STEP TWO: Workshops/Registration

A. ASPMN® PRE-CONFERENCE WORKSHOPS - Wed., Sept. 18.

Full-Day Workshops	Members	Non-Members
Workshop 1: ASPMN® Pain Management Certification Preparation Course™	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
Workshop 2: Advanced Pharmacology	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
Half-Day Workshops		
Workshop 3: Advance Practice Professionals Workshop (8:00-12:00)	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200
Workshop 4: Beyond Epidural: The New Era of Regional Anesthesia (1:00-5:00)	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200
Workshop 5: Motivational Interviewing (1:00-5:00)	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200
Subtotal A: _____		

B. FULL-MEETING REGISTRATION - Thurs., Sept. 19 - Sat., Sept. 21

	Early-Bird Registration: July 5	August 23
ASPMN® Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525
Non-Member	<input type="checkbox"/> \$575	<input type="checkbox"/> \$625
Student ASPMN® Member	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300
Student Non-Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350
Subtotal B: _____		

C. SINGLE-DAY REGISTRATION

ASPMN® Member \$275/day
Please indicate which day you will attend.
 Thursday Friday Saturday

Non-Member \$325/day
Please indicate which day you will attend.
 Thursday Friday Saturday

Student ASPMN® Member \$125/day
Please indicate which day you will attend.
 Thursday Friday Saturday

Student Non-Member \$175/day
Please indicate which day you will attend.
 Thursday Friday Saturday

Subtotal C: _____

D. GUEST REGISTRATION

Guest(s) \$160 each
(This fee only includes Thursday evening reception and the ASPMN® Party – breakfasts and lunches are NOT included.)
 _____ Number of Guests × \$160 = _____
 Name(s) _____

 Subtotal D: _____

E. FUN-RUN/WALK - SAT., SEPT. 21

T-SHIRTS \$20 each

Sizes: S × _____ M × _____ L × _____ XL × _____ XXL × _____

WAIVER Yes, I will run/ walk in the ASPMN® Fun Run/Walk!

I have read and agree to the waiver located on the ASPMN® Conference webpage.

Subtotal E: _____

F. MEMBERSHIP FEES

Current Members: Save Time– Renew your membership for 2020 today! If you are a current ASPMN® member, your membership will expire on Dec. 31, 2019, but you can take the opportunity to renew for the next cycle at this time.

If you wish to join ASPMN® and receive the member registration rate, visit www.aspmn.org to join the organization, then register for the conference.

- Active – \$140
- International (U.S. Funds) – \$150
- Student – \$55
- Associate – \$95
- Retired – \$70

Subtotal F: _____

G. RSVP Please RSVP for the following events.

- Wednesday, Sept. 18 – Reception
- Thursday, Sept. 19 – Breakfast
- Thursday, Sept. 19 – Lunch Symposium
- Friday, Sept. 20 – Breakfast
- Friday, Sept. 20 – Awards Lunch
- Friday, Sept. 20 – ASPMN® Party
- Saturday, Sept. 21 – Breakfast

IMPORTANT

Please indicate which Concurrent Sessions you are interested in attending. Please check one session letter for each column.

ASPMN® Concurrent Sessions

	# 1	#2	#3	#4	#5	#6
<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B
<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C
<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D
<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E

Cancellations & Transfers

Cancellations and transfers must be requested in writing and postmarked or emailed by August 23, 2019. Refunds will be issued following the conference. A \$50 administrative fee will be assessed. If you transfer your registration to another person, please include a completed registration form for that person with your written request. Requests for cancellation postmarked or emailed after August 23, 2019 are not refundable.

Late Registration

If you need to register after August 23, please bring your registration form and payment with you to the conference as it will NOT be processed at the ASPMN® Executive Office after that date.

STEP THREE: Fees/Payment

To pay by credit card, you must Register Online at: www.aspmn.org

A. Pre-Conference Workshops \$ _____
 B. Full-Meeting Registration \$ _____
 C. Single-Day Registration \$ _____
 D. Guest Registration \$ _____
 E. T-shirts \$ _____
 F. Membership \$ _____
 Total Enclosed \$ _____

Check (Made payable to: ASPMN®) Tax ID 58-1905277

Please return this form and check for TOTAL AMOUNT DUE to:

ASPMN® National Office
 P.O. Box 723248
 Atlanta, GA 31139

Contact the ASPMN® National Office for further information:
 913-222-8666

All fees must be paid in U.S. dollars, with checks drawn in U.S. funds on U.S. banks.