

REGISTRATION FORM

AANS/CNS SECTION ON PEDIATRIC NEUROLOGICAL SURGERY 38TH ANNUAL MEETING

December 1-4, 2009

The Boston Marriott Copley Place, Boston, Massachusetts

**ADVANCE REGISTRATION DEADLINE:
MONDAY, NOVEMBER 2, 2009**

Please PRINT or TYPE:

Last Name		First Name	
Organization			
Address			
City	State	Zip	Country
Business Phone		Home Phone	
Fax Number		E-Mail Address	

METHOD OF PAYMENT

Check # _____ MasterCard Visa American Express

Credit Card Number _____

Expiration Date _____

Print Name as it appears on credit card _____

Signature (I agree to pay above total amount according to card issuer agreement) _____ Date _____

Merchant #295023808880

If you are paying by credit card, please fax this form to 800-713-6287 (US only) or 847-759-6952 (International).

Please make checks payable in US dollars, drawn on a US bank and mail to:

**AANS/CNS Section on Pediatric Neurological Surgery
c/o CTE
PO Box 783
Elk Grove, IL 60009-0783**

Please note: Only the US Postal Service will deliver overnight to the above address. DO NOT send this form or payment via Federal Express, UPS or Airborne; they will not deliver to a PO Box.

If you have questions, please contact the AANS/CNS Section on Pediatric Neurological Surgery Registration Department at 800-621-3546 (US only) or 847-759-4252 (International).

INCLUDED IN REGISTRATION

Meeting attendee registration includes ONE ticket to each of the following:

Opening Reception on Tuesday

Lunch in the Exhibit Hall on Wednesday and Thursday

Wine and Cheese Reception on Wednesday

Continental Breakfast on Wednesday, Thursday and Friday

Beverage Breaks on Wednesday, Thursday and Friday

Spouse/Guest registration includes ONE ticket to the following:

Opening Reception on Tuesday

Wine and Cheese Reception on Wednesday

Continental Breakfast on Wednesday, Thursday and Friday



REGISTRATION FEES

Annual Meeting

	Registration received on or before 10/26/09	Registration received on or after 10/27/09
Pediatric Section Member (101)	<input type="checkbox"/> \$515	<input type="checkbox"/> \$615
Non-Member (102)	<input type="checkbox"/> \$640	<input type="checkbox"/> \$740
Resident (103)	<input type="checkbox"/> \$310	<input type="checkbox"/> \$410
Fellow (108)	<input type="checkbox"/> \$310	<input type="checkbox"/> \$410
Physician Assistant (104)	<input type="checkbox"/> \$310	<input type="checkbox"/> \$410
Nurse (105)	<input type="checkbox"/> \$310	<input type="checkbox"/> \$410
Spouse (106)	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95
Guest (107)	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95

Spouse/Guest Name (please print name as it will appear on badge)

Nurses', Physician's Assistant and Physician Extenders Seminar

Note: You do NOT need to register for the entire meeting to attend this course.

- No Charge with Full Registration (032)
- If only attending Seminar (033) \$125 \$225

SOCIAL EVENTS

Opening Reception (040X)

(One ticket is included in registration fee; additional tickets can be purchased)

Quantity _____ @ \$50.00 each

Wine and Cheese Reception (041X)

(One ticket is included in registration fee; additional tickets can be purchased)

Quantity _____ @ \$15.00 each

CANCELLATION POLICY

Request for registration cancellation must be submitted IN WRITING to the AANS/CNS Section on Pediatric Neurological Surgery:

AANS/CNS Section on Pediatric Neurological Surgery
c/o CTE

PO Box 783
Elk Grove, IL 60009-0783

Fax: 800-713-6287 (US only) 847-759-6952 (International)

E-mail: aansped@cteusa.com

All refunds will be processed and mailed following the Annual Meeting. Refunds will be made in accordance with the following schedule:

Cancellation received on or before Monday, November 2, 2009 will receive a full refund less a \$25 service fee.

Cancellations received between Tuesday, November 3, 2009 and Monday, November 16, 2009 will receive a full refund less a \$75 service fee.

No refund will be granted if received on or after Tuesday, November 17, 2009.



HOUSING FORM

AANS/CNS SECTION ON PEDIATRIC NEUROLOGICAL SURGERY 38TH ANNUAL MEETING

December 1–4, 2009

The Boston Marriott Copley Place
Boston, Massachusetts

HOUSING DEADLINE

Monday, November 2, 2009

Special room rates are available for reservations made on or before Monday, November 2, 2009. (Based upon availability)

TO MAKE A RESERVATION

Online

Visit www.pedsneurosurgery.org and click on the housing link.

Fax

Complete and fax this form to 800-713-6287 (US only) or 847-759-6952 (International).

All hotel reservations must be guaranteed by a major credit card in order to confirm the accommodations. Credit card deposits will be charged at the time of check-in.

CANCELLATION POLICY

A one night room deposit will be forfeited for any reservation that is cancelled less than 24 hours prior to the arrival date. Deposits are refundable if the hotel received notice of cancellation at least 24 hours prior to the arrival date and if a cancellation number is obtained. Any reservation that has not been cancelled by, or for, individuals who do not arrive, will automatically be billed for one night's room and tax, and the entire reservation will be cancelled.

Revisions to departure dates may be made up until and including date of check-in to avoid payment of penalty. After check-in, an early departure fee of \$75.00 will be charged until 6:00 PM. The group rate applies after 6:00 PM for guests who depart one or more days prior to their scheduled departure date.

ACCOMMODATIONS

A single or double room is \$199 plus tax, triple \$219, quad \$239. A single or double executive suite is \$295 plus tax, triple \$315, quad \$335. A portion of your room rate will be utilized to help cover the cost of the on-line registration and housing service.

Check-in is at 4:00 PM

Check-out is at 12:00 PM

Hotel room rates are subject to applicable state and local taxes in effect at the time of check-in. State and local taxes are currently 12.45% (subject to change).

HOUSING CONFIRMATIONS WILL BE SENT BY THE HOUSING BUREAU, WITHIN 48 HOURS

Please PRINT or TYPE:

Last Name First Name

Organization

Address

City State Zip Country

Business Phone Home Phone

Fax Number E-Mail Address

Please check one: I am a Medical Registrant an Exhibitor

METHOD OF GUARANTEE

You must provide a credit card to guarantee your reservation. Your card will not be charged until you check-in.

MasterCard Visa American Express Diner's Club Discover

Upon check-in you will be required to present a credit card for payment.

Credit Card Number

Expiration Date

Print Name (as it appears on credit card)

Signature (I agree to pay any deposit or cancellation fees according to the card issuer agreement) Date

Arrival Date Departure Date

SHARED ROOM (list all occupants)

Occupant

Occupant

Occupant

ROOM TYPE REQUESTED (Based upon availability at check-in)

Single (one bed, one person) Double (one bed, two people)

Double/Double (two beds, two people) Triple Quad

Special Needs: _____

Changes: Please contact the housing bureau in writing at 800-713-6287 (US only) or 847-759-6952 (International). After Tuesday, November 17, 2009 please contact the The Boston Marriott Copley Place directly to make any changes at (617) 236-5800.