



# PRE-REGISTRATION FORM

The 2018 Annual Meeting of  
The American Academy of Cardiovascular Perfusion



| <b>MEMBER</b>  | <b>FEE</b> | <b>Amount</b> | <b>FIRESIDE CHAT REGISTRATION</b><br>(make your first three choices each day) |
|--|------------|---------------|---|
| Registration Fee   | \$445.00   | _____         | <b>Thursday Sessions</b><br>1) _____<br>2) _____<br>3) _____                  |
| 2018 Annual Dues   | \$155.00   | _____         |   |
| Guest to Induction Dinner  | \$100.00   | _____         |   |
| Adult Guest to Workshop  | \$25.00    | _____         |   |
| <b>NON-MEMBER</b>  | <b>FEE</b> | <b>Amount</b> | <b>Friday Sessions</b><br>1) _____<br>2) _____<br>3) _____                    |
| Registration Fee   | \$495.00   | _____         |   |
| Guest to Induction Dinner  | \$100.00   | _____         |   |
| Adult Guest to Workshop  | \$25.00    | _____         | <b>Saturday Sessions</b><br>1) _____<br>2) _____<br>3) _____                  |
| <b>STUDENT PERFUSIONIST</b>  | <b>FEE</b> | <b>Amount</b> |   |
| Registration Fee   | \$130.00*  | Waived**      |   |
| Guest to Induction Dinner  | \$100.00   | _____         |   |
| Adult Guest to Workshop  | \$25.00    | _____         |   |
| <i>*MUST include a letter from the school director with registration.</i>                                  |            |               |   |
| <i>**To take advantage of the waived Student fee, you must be a current Student Member of The Academy.</i> |            |               |   |
| <b>FELLOW or SENIOR MEMBER</b>   | <b>FEE</b> | <b>Amount</b> |   |
| Registration Fee   | \$445.00   | _____         |   |
| 2018 Annual Dues   | \$180.00   | _____         |   |
| Guest to Induction Dinner  | \$100.00   | _____         |   |
| Adult Guest to Workshop  | \$25.00    | _____         |   |

PRINT OR TYPE  
NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ (Required for confirmation)

ANTICIPATED ARRIVAL DATE IN NEW ORLEANS \_\_\_\_\_

Will you be attending the Induction Dinner on Friday evening?    **YES**    **NO**  
(Dark Suit and Tie Required / Black Tie Optional)

**Please read all instructions and information before completing this form.**  
If you have questions completing this form, please call the national office. Hotel Reservations must be made separately through the hotel directly.

Total Amount of Payment \$ \_\_\_\_\_ METHOD OF PAYMENT: Check\*\* \_\_\_ Money Order \_\_\_ Credit Card \_\_\_

VISA/MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit security code \_\_\_\_\_

*Credit card billing address if different from above.*

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Signature \_\_\_\_\_

\*\* There will be a \$25.00 service charge for any check returned for insufficient funds.

## **INSTRUCTIONS and INFORMATION**

- o Complete each appropriate section of this form by printing or typing.
- o *All attendees are invited to the Induction Dinner on Friday evening. Attire is dark suit and tie required.*
- o Members must pay their 2018 Annual Dues along with their registration fees by completing that portion of the form.
- o You will receive acknowledgment of your pre-registration by January 5, 2018--bring it with you to the meeting.
- o No pre-registration will be processed after December 17, 2017.

### **-- After this date you must register at the meeting.**

- o Your receipt and meeting credentials will be available for you at the Pre-Registration desk at the meeting.
- o There will be **NO ADMISSION to any Fireside Chat without proper admission credentials.**
- o If you are joining The Academy with your registration you must:
  - 1) complete appropriate areas of the form;
  - 2) you **MUST INCLUDE** the membership application form;
  - 3) include the \$25 filing fee;
  - 4) include \$155 for the 2018 Annual Dues;(Your membership begins with the closing business meeting)
- o **ONLY VISA/MasterCard credit cards are accepted - with VISA/MasterCard you may FAX your registration to (717) 867-1485**
- o The AACP Federal Tax ID Number: 63-0776991 (for hospital use only)
- o Refund policy: Anyone that is pre-registered for this meeting and is unable to attend will receive a full refund minus \$50.00 for handling, mailing, and processing upon written request before January 5, 2018.

- o **Make checks payable to AACP (US dollars). Mail completed pre-registration form and check to:**

**AACP  
515A East Main Street  
Annville, PA 17003**

**IF YOU HAVE QUESTIONS FILLING OUT THIS FORM, PLEASE CONTACT THE NATIONAL OFFICE (717) 867-1485.**

- o **If paying by VISA/MasterCard you may FAX this form to (717) 867-1485 or mail to above address.**