



PRE-REGISTRATION FORM

The 2019 Annual Meeting of
The American Academy of Cardiovascular Perfusion



MEMBER	FEE	Amount	FIRESIDE CHAT REGISTRATION (make your first three choices each day)
Registration Fee <i>(includes Induction Dinner)</i>	\$445.00	_____	Thursday Sessions 1) _____ 2) _____ 3) _____
2019 Annual Dues	\$155.00	_____	
Guest to Induction Dinner	\$100.00	_____	
Adult Guest to Workshop	\$25.00	_____	
NON-MEMBER	FEE	Amount	Friday Sessions 1) _____ 2) _____ 3) _____
Registration Fee <i>(includes Induction Dinner)</i>	\$495.00	_____	
Guest to Induction Dinner	\$100.00	_____	
Adult Guest to Workshop	\$25.00	_____	Saturday Sessions 1) _____ 2) _____ 3) _____
STUDENT PERFUSIONIST	FEE	Amount	
Registration Fee <i>(includes Induction Dinner)</i>	\$100.00**	_____	
Guest to Induction Dinner	\$100.00	_____	
Adult Guest to Workshop	\$25.00	_____	
**MUST be a current Student Member of The Academy.			
FELLOW or SENIOR MEMBER	FEE	Amount	
Registration Fee <i>(includes Induction Dinner)</i>	\$445.00	_____	
2019 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 PALM COAST _____

How long have you been in the perfusion field? _____

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 2019 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 11, 2019--bring it with you to the meeting.
- o No pre-registration will be processed after January 4, 2019.

-- 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 2019 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 11, 2019.

- 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.**