

# PRE-REGISTRATION FORM

The 2020 Annual Meeting of  
The American Academy of Cardiovascular Perfusion

<b>MEMBER</b>	<b>FEE</b>	<b>Amount</b>	<b>FIRESIDE CHAT REGISTRATION</b> (make your first three choices each day)
Registration Fee	\$445.00	_____	<b>Thursday Sessions</b> 1) _____ 2) _____ 3) _____
2020 Annual Dues	\$155.00	_____	
Guest to Induction Dinner	\$100.00	_____	
Adult Guest to Workshop	\$ 30.00	_____	
<b>NON-MEMBER</b>	<b>FEE</b>	<b>Amount</b>	<b>Friday Sessions</b> 1) _____ 2) _____ 3) _____
Registration Fee	\$495.00	_____	
Guest to Induction Dinner	\$100.00	_____	
Adult Guest to Workshop	\$ 30.00	_____	<b>Saturday Sessions</b> 1) _____ 2) _____ 3) _____
<b>STUDENT PERFUSIONIST</b>	<b>FEE</b>	<b>Amount</b>	
Registration Fee	\$100.00*	_____	
Guest to Induction Dinner	\$100.00	_____	
Adult Guest to Workshop* <b>MUST be a current Student Member of The Academy.</b>	\$ 30.00	_____	
<b>FELLOW or SENIOR MEMBER</b>	<b>FEE</b>	<b>Amount</b>	
Registration Fee	\$445.00	_____	
2020 Annual Dues	\$180.00	_____	
Guest to Induction Dinner	\$100.00	_____	
Adult Guest to Workshop	\$ 30.00	_____	

PRINT OR TYPE

NAME \_\_\_\_\_

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

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

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

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

ANTICIPATED ARRIVAL DATE IN RENO \_\_\_\_\_

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 or join in the festivities and dress in the Great Gatsby style - visit our website for examples.)

**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 2020 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 17, 2020--bring it with you to the meeting.
- o No pre-registration will be processed after January 12, 2020
  - **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 2020 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 15, 2020.
  
- o **Make checks payable to AACP (US dollars). Mail completed pre-registration form and check to:**
  - AACP**
  - 515A East Main Street**
  - Anncville, 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.