



2018 Annual Scientific Meeting Registration

MAY 2-4, 2018 • MAYO CIVIC CENTER • ROCHESTER, MN

Visit asia-spinalinjury.org to register online.

- PLEASE PRINT OR TYPE -

Name _____ Credentials _____
Last First MI

Institution _____

Mailing Address _____

Country _____

City / State / ZIP _____ Email Address* _____

Office Phone _____ Home Phone _____ Fax # _____

Guest/Attendent _____

Please check if applicable: Speaker Poster Presenter Moderator Special Needs? Accessibility Dietary

Special needs required _____

*Please provide an email address for a confirmation of your registration.

PRECOURSE – TUESDAY, MAY 1, 2018

Make your selection below	Early By 2/16/2018	Regular After 2/16/2018	Onsite After 4/16/18	
Pre-Course	\$200	\$250	\$300	= \$ _____
Pre-Course Student	\$75	\$100	\$125	= \$ _____

ASIA 2018 ANNUAL SCIENTIFIC MEETING – MAY 2-4, 2018

	Early By 2/16/2018	Regular After 2/16/2018	Onsite After 4/16/18	
<input type="checkbox"/> ASIA Member	\$575	\$675	\$775	= \$ _____
<input type="checkbox"/> Non-Member*	\$775	\$875	\$975	= \$ _____
<input type="checkbox"/> Student <input type="checkbox"/> Fellow <input type="checkbox"/> Resident	\$200	\$250	\$300	= \$ _____

(Must have written verification from department chair.)

Guest/Attendant (Guest fee - receptions only) \$100 \$150 \$150 = \$ _____

Guest Name _____

Welcome Reception, May 1 _____ # attendees Presidential Reception, May 3 _____ # attendees = \$ _____ N/C

OPTIONAL TOURS FOR ASIA CONFERENCE REGISTRANTS AND THEIR GUESTS

PRECOURSE SUBTOTAL = \$ _____

SCIENTIFIC MEETING SUBTOTAL = \$ _____

MAYO CLINIC GUIDED TOURS - This tour includes a historical overview of Mayo Clinic followed by a one-hour walking tour of the downtown campus.

GRAND TOTAL = \$ _____

TROLLEY TOURS OF ROCHESTER - These informative tours feature Rochester's major historic, cultural and architectural sites and attractions.

Space it limited for these tours. Register ONLINE ONLY at asia.spinalinjury.org.

I have read and agree to the Refund Policy below (required for registration confirmation).

Method of Payment Check (Payable to ASIA in US dollars) VISA MasterCard American Express Discover

Credit Card No. _____ Exp. Date _____ CVV Security Code* _____

Credit Card Billing Address _____ Zip Code _____

Signature _____ Printed Name on Card _____

*CVV code is the three-digit number on the back of VISA, MC or Discover or four-digit number on the front of AMEX card above the account number.

If paying by check, please mail to the address below • Credit card registration can be faxed to (804) 282-0090

ASIA • 2209 Dickens Road • Richmond, VA 23230-2005 • (804) 565-6396 • Fax (804) 282-0090 • asia.office@asia-spinalinjury.org

Refund Policy: 80% refund through March 30, 2018; no refunds after March 30, 2018. Refunds will be determined by the date a cancellation request is received in writing at ASIA.

Americans with Disabilities Act: The American Spinal Injury Association (ASIA) has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accessible accommodations, please contact ASIA at (804) 565-6396 for assistance.

IF YOU DO NOT RECEIVE A CONFIRMATION E-MAIL FROM ASIA WITHIN 30 DAYS OF SUBMITTING YOUR REGISTRATION, PLEASE CALL/EMAIL THE OFFICE TO CONFIRM THAT YOUR REGISTRATION MATERIAL HAS BEEN RECEIVED.