



- PLEASE PRINT OR TYPE -

Name _____ Credentials _____
Last First MI

Institution _____

Mailing Address _____
 _____ Country _____

City / State / ZIP _____ Email Address* _____

Office Phone _____ Home Phone _____ Fax # _____

Special Needs? Accessibility Dietary Special needs required _____

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

ASIA 2019 ANNUAL SCIENTIFIC MEETING – APRIL 2-5

	Early Through 2/15/2019	Regular After 2/15/2019	
<input type="checkbox"/> ASIA Member	\$800	\$900	= \$ _____
<input type="checkbox"/> Non-Member	\$975	\$1075	= \$ _____
<input type="checkbox"/> Student <input type="checkbox"/> Fellow <input type="checkbox"/> Resident	\$275	\$325	= \$ _____
<small>(Must have written verification from department chair.)</small>			
<input type="checkbox"/> President's Luau Reception \$35 for meeting registrants			= \$ _____
<input type="checkbox"/> Guest and Reception Registration DEADLINE FOR LUAU GUEST TICKETS IS MARCH 15, 2019 \$100 each for adult guest(s) x _____ guest(s) (Includes President's Luau and Welcome Reception) Guest Name(s) _____			= \$ _____
\$35 each for child guest(s) ages 5-17 x _____ guest(s) <i>Children ages 4 and under are free.</i> (Includes President's Luau only) Guest Name(s) _____			= \$ _____

	Early Through 2/15/19	Regular After 2/15/19	
<input type="checkbox"/> Meeting plus 2019 Non-Physician and Non-Doctoral Membership	\$1025	\$1125	= \$ _____
<input type="checkbox"/> Meeting plus 2019 Physician and Doctoral Membership	\$1150	\$1250	= \$ _____

GRAND TOTAL = \$ _____

SEE PAGE TWO FOR PAYMENT INFORMATION AND TO COMPLETE YOUR REGISTRATION.



PAYMENT OPTIONS

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Grand total due for conference and guest registration from page one \$ _____

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 February 28, 2019; no refunds after February 28, 2019. Refunds will be determined by the date a written cancellation request is received 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.