

**Please complete a separate form for each attendee.**

\_\_\_\_\_  
 Dr Mr Ms Name of Registrant

Organization \_\_\_\_\_

Phone \_\_\_\_\_

Email (required for registration confirmation) \_\_\_\_\_

**Register via credit card by faxing this form to 703.836.2090.**

VISA     MasterCard     AMEX

Card Number \_\_\_\_\_  
 / \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Signature \_\_\_\_\_

**Pay by mailing a Check made payable to ASCA Foundation with this form to**

**ASCA Foundation  
 1012 Cameron St  
 Alexandria, VA 22314-2427**

Name on Check \_\_\_\_\_

Check Number \_\_\_\_\_

**Send a Substitute**

Substitute must be from same facility or organization. Substitution fees apply.

\_\_\_\_\_  
 Dr Mr Ms Name

Credential(s) \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email (required for registration confirmation) \_\_\_\_\_

RN Number (required for contact hours) \_\_\_\_\_

**Add Substitution**

	<b>Pre-Meeting</b>	<b>On-Site</b>	
<input type="checkbox"/> Substitution Fee	\$25	\$50	\$ _____

**Add a Pre-Meeting Workshop**  
 All Workshops are Wednesday, May 13.

	<b>Member</b>	<b>Full Price</b>	
<input type="checkbox"/> CASC Review Course	\$395	\$625	\$ _____
<input type="checkbox"/> A CMS/Life Safety Code® Survival Guide	\$175	\$295	\$ _____
<input type="checkbox"/> ICD-10 for Administrators	\$175	\$295	\$ _____
<input type="checkbox"/> Preparing for AAAHC Accreditation	\$175	\$295	\$ _____
<input type="checkbox"/> Preparing for Joint Commission Accreditation	\$175	\$295	\$ _____
<input type="checkbox"/> Sterilization: Standards and Recommended Practices	\$175	\$295	\$ _____

**Add a Guest**

<input type="checkbox"/> Guest <sup>+</sup>	<b>\$150</b>	\$ _____
---	--------------	----------

Guest Name \_\_\_\_\_

**Purchase Session Recordings**  
 Package includes all available breakout sessions.

	<b>Member</b>	<b>Full Price</b>	
<input type="checkbox"/> Entire Conference Package Download	\$125	\$175	\$ _____

**Grand Total: \$**

<sup>+</sup> **Guest Policy:** Guest registration is reserved for spouses/guests of the registrant who are not involved in the ASC industry in any way. Guests cannot attend educational sessions and are ineligible for continuing education credits. This fee allows the guest full access to the Exhibit Hall, including Wednesday and Thursday night receptions, continental breakfasts, lunch on Thursday, Friday's Celebration Luncheon and the Social Event.

**Cancellation Policy:** All cancellation requests must be submitted via the Online Refund Request Form located at [www.ascassociation.org/ASCA2015/registrationcancellation](http://www.ascassociation.org/ASCA2015/registrationcancellation). Through April 3, refunds are given minus a \$50 administrative fee. From April 4 through April 30, refunds will be given minus a \$150 administrative fee. **No refunds will be given after May 1.** If someone from your group registration must cancel, the refund will be made on the lowest registration fee paid by any member of the group, minus the administrative fees as outlined above. Please note that no refunds are issued for the pre-meeting workshops or tickets purchased.

**Notes**