

Please complete a separate form for each attendee.

☐ Dr ☐ Mr ☐ Ms _____
Name

Credential(s)

Title

Organization

Address

City State/ZIP

Phone

Fax

Email (required for registration confirmation)

RN Number (required for contact hours)

Register via credit card.

☐ VISA ☐ MasterCard ☐ AMEX

Card Number

/

Expiration Date CVV Billing Zip

Card Holder Name

Signature

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: Registration fees and tickets are non-refundable.

For Office Use Only

☐ To be Processed On-Site ☐ To be Processed in Office

Payment Processed ☐ Check ☐ CC \$ _____

Contact Information Entered

Confirm Dues Status

Data Entry Proofed

☐ Facility ☐ Supporter
☐ Corporate: _____
☐ Non-Member

Notes

On-Site Registration

<input type="checkbox"/> Full Price	\$1,005	\$ _____
<input type="checkbox"/> ASC Supporter Member Discount	\$895	\$ _____
<input type="checkbox"/> Facility Member Discount*		
1st Attendee	\$895	\$ _____
2nd Attendee	\$795	\$ _____
3rd+ Attendee	\$695	\$ _____
<input type="checkbox"/> Full Price Day Pass		
Thursday	\$535	\$ _____
Friday ⁺	\$535	\$ _____
Saturday	\$435	\$ _____
<input type="checkbox"/> Member Discounted Day Pass		
Thursday	\$495	\$ _____
Friday ⁺	\$495	\$ _____
Saturday	\$395	\$ _____
<input type="checkbox"/> Guest	\$150	\$ _____

Guest Name

⁺ **Day Pass** on Friday, May 15 **does not** include ticket to Social Event.

***ASCA Facility Members** sending more than one attendee from the **same location** are eligible for a discount when registering at the **same time**. Please submit a separate registration for each attendee.

Pre-Meeting Workshops

All workshops are Wednesday, May 13.

	Member	Full Price	
<input type="checkbox"/> CASC Review Course	\$395	\$625	\$ _____
<input type="checkbox"/> A CMS/LifeSafety 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	\$ _____

Optional Tickets

Full conference and guest registration **include** one ticket to Friday's Celebration Luncheon and the Social Event. Please indicate the number of additional tickets below.

	Total
<input type="checkbox"/> Celebration Luncheon	
_____ # tickets x \$50 (Friday)	\$ _____
<input type="checkbox"/> Social Event	
_____ # tickets x \$95 (Friday Evening)	\$ _____

Purchase Session Recordings

Package includes all available breakout sessions.

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

Grand Total: \$