

AARC CONGRESS 2017 Registration Form

63rd International Respiratory Convention & Exhibition of the
American Association for Respiratory Care • October 4-7, 2017 • Indianapolis, Indiana



PLEASE PRINT CLEARLY

AARC Member # _____ Membership Expiration Date _____ E-Mail: _____

First and Last Name (as you want them to appear on your name badge. DO NOT include credentials after your name) _____

Job Title _____	Students Only: Expected graduation date: _____	Student ID Y / N (circle one)
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Employer _____	School: _____
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The information below will be used for membership and exhibit hall contact information.

Preferred Mailing Address (write address below, but first indicate if this is your home or business address) 1A Home Address 1B Business Address

City _____	State _____	Zip/Postal Code _____
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Country (If outside of USA) _____

Work Phone _____	Emergency Contact Name and Phone Number _____
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CHECK THE HIGHEST DEGREE EARNED:

- PhD EdD MEd MBA MS MHA MHS MPA MPH MEd MSN DHS
 MA BSRT BSRC BS BHS BSEd BSN BA AAS AS AA N/A

CREDENTIAL: (up to 3 will appear on the badge)

- MD DO RRT-NPS RRT-SDS RRT-ACCS RRT RPFT CRT-NPS CRT-SDS
 CRT CPFT RN RPSGT AEC CTTS EMT-P LPN LVN

Other _____

HONORARY CREDENTIALS:

- FAARC FACHE FAACVPR FCCM FCCP

Payment of fee entitles registrant to attend all convention activities and social functions.

ATTENDEE REGISTRATION FEES (check one):

- \$475 Active Member Active Duty
 \$475 Associate Member Military
 \$75 Student or Retired Member \$0
 \$600 Nonmember - Includes one year AARC membership
 \$75 Nonmember Student - Includes one year AARC membership
 Membership Opt Out
 \$0 Life/Honorary Member
 \$235 Daily Member - Wednesday
 \$235 Daily Member - Thursday
 \$235 Daily Member - Friday
 \$150 Daily Member - Saturday
 \$35 Daily Student or Retired Member _____ (day)
 \$25 Daily Student or Retired Member - Saturday
 \$350 Daily Nonmember _____ (day)
 \$215 Daily Nonmember - Saturday
 \$35 Daily Nonmember Student _____ (day)
 \$25 Daily Nonmember Student - Saturday
 \$15 Lost Badge
 \$50 Spouse (CRCE credit not available)

TOTAL : _____

EXHIBITOR REGISTRATION FEES (check one):

- \$15 Lost Badge \$315 Three-Day Exhibitor
 \$189 Daily Exhibitor _____ \$50 Spouse (CRCE credit not available)

TOTAL : _____

TOTAL CHARGE \$ _____ **TO MY:** MasterCard VISA American Express

Name on Credit Card of Card Holder _____

Credit Card # _____ Expiration Date (MMYY) _____

Signature _____

CRCE credit is not available for student and retired member registrants. By attendance or participation in discussion, registrant agrees that the AARC may electronically record, photograph, copy, and distribute registrant's attendance and involvement in the program discussions and question-and-answer periods. **No individual or entity other than the AARC may record (audio, video, or still photo) any portion of this program or exhibits.**

OFFICE USE ONLY: Badge # _____ BC PC Check # _____ CA MC VS AX Total Received _____

Cashier Code: _____
INITIALS / MONTH / DAY

Comments: