

REGISTRATION FORM

2008 AARC International Congress

INTERNET: Go to www.AARC.org to register online and to receive a confirmation.
or MAIL: Send this form to: AARC Congress, 9425 N. MacArthur Blvd. Ste. 100, Irving, TX 75063-4706 U.S.A.
 Full payment must be included with your registration form.
or FAX: If paying by American Express, MasterCard, or VISA, you may fax your registration form to (972) 484-2720.

One person per form. No invoices will be issued. Cancellations must be in writing. There will be a 35% handling fee for cancellations received by November 14, 2008. No refunds will be made thereafter.

PLEASE PRINT INSIDE THE BOXES

| | | |
|---------------|----------------------------|--|
| AARC Member # | Membership Expiration Date | Daytime Telephone (if international, include country code) |
| | | |

First and Last name as you want them to appear on your name badge. DO NOT include credentials here.)

| |
|--|
| |
|--|

Job Title

| |
|--|
| |
|--|

Employer

| |
|--|
| |
|--|

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

| |
|--|
| |
| |

| | | |
|----------------------------------|-------|-----------------|
| City (and Country if outside US) | State | Zip/Postal Code |
| | | |

E-Mail Address _____ @ _____

CREDENTIAL (check three to be printed after your name): RRT CRT MD RN Other _____

JOB RESPONSIBILITY (check one): Dept. Director Supervisor Therapist Educator Other _____

EMPLOYMENT SETTING (check one): Hospital School Skilled Nursing Facility Subacute Care Home Care
 HMO Home Health Agency Manufacturer/Supplier Other _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|--------------------------------|---|---|------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------|--------------------------------|--------------------------------|--------------------------------|------------|--------------------------------|--------------------------------|--------------------------------|---|--|--------------------|-------------------|---------------|--------------------------------|--------------------------------|----------------|--------------------------------|--------------------------------|
| <p style="text-align: center;">CONGRESS REGISTRATION</p> <p>Payment of appropriate fee entitles registrant to attend all Congress activities and Social Events December 13-16. Spouses register on-site only.</p> <p>CHECK ONE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 15%; text-align: center;"><i>By April 30</i></td> <td style="width: 15%; text-align: center;"><i>By Oct 31</i></td> <td style="width: 30%; text-align: center;"><i>After Oct 31 (and on-site 4-Day)</i></td> </tr> <tr> <td>AARC Active/Associate Member</td> <td style="text-align: center;"><input type="checkbox"/> \$325</td> <td style="text-align: center;"><input type="checkbox"/> \$350</td> <td style="text-align: center;"><input type="checkbox"/> \$375</td> </tr> <tr> <td>AARC Student Member</td> <td style="text-align: center;"><input type="checkbox"/> \$155</td> <td style="text-align: center;"><input type="checkbox"/> \$160</td> <td style="text-align: center;"><input type="checkbox"/> \$165</td> </tr> <tr> <td>Nonmember*</td> <td style="text-align: center;"><input type="checkbox"/> \$460</td> <td style="text-align: center;"><input type="checkbox"/> \$490</td> <td style="text-align: center;"><input type="checkbox"/> \$500</td> </tr> </table> | | <i>By April 30</i> | <i>By Oct 31</i> | <i>After Oct 31 (and on-site 4-Day)</i> | AARC Active/Associate Member | <input type="checkbox"/> \$325 | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$375 | AARC Student Member | <input type="checkbox"/> \$155 | <input type="checkbox"/> \$160 | <input type="checkbox"/> \$165 | Nonmember* | <input type="checkbox"/> \$460 | <input type="checkbox"/> \$490 | <input type="checkbox"/> \$500 | <p style="text-align: center;">ASTHMA EDUCATOR CERTIFICATION PREPARATION COURSE • ANAHEIM, CA</p> <p style="text-align: center;">THURSDAY & FRIDAY, DEC. 11-12, 2008</p> <p style="text-align: center;">Pre-registration required.</p> <p>Deadline: November 14, 2008 or when course is full.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">AARC Member</td> <td style="text-align: center;">Non-Member</td> </tr> <tr> <td>By October 31</td> <td style="text-align: center;"><input type="checkbox"/> \$230</td> <td style="text-align: center;"><input type="checkbox"/> \$325</td> </tr> <tr> <td>November 1 - 9</td> <td style="text-align: center;"><input type="checkbox"/> \$255</td> <td style="text-align: center;"><input type="checkbox"/> \$350</td> </tr> </table> | | AARC Member | Non-Member | By October 31 | <input type="checkbox"/> \$230 | <input type="checkbox"/> \$325 | November 1 - 9 | <input type="checkbox"/> \$255 | <input type="checkbox"/> \$350 |
| | <i>By April 30</i> | <i>By Oct 31</i> | <i>After Oct 31 (and on-site 4-Day)</i> | | | | | | | | | | | | | | | | | | | | | | | |
| AARC Active/Associate Member | <input type="checkbox"/> \$325 | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$375 | | | | | | | | | | | | | | | | | | | | | | | |
| AARC Student Member | <input type="checkbox"/> \$155 | <input type="checkbox"/> \$160 | <input type="checkbox"/> \$165 | | | | | | | | | | | | | | | | | | | | | | | |
| Nonmember* | <input type="checkbox"/> \$460 | <input type="checkbox"/> \$490 | <input type="checkbox"/> \$500 | | | | | | | | | | | | | | | | | | | | | | | |
| | AARC Member | Non-Member | | | | | | | | | | | | | | | | | | | | | | | | |
| By October 31 | <input type="checkbox"/> \$230 | <input type="checkbox"/> \$325 | | | | | | | | | | | | | | | | | | | | | | | | |
| November 1 - 9 | <input type="checkbox"/> \$255 | <input type="checkbox"/> \$350 | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>*You may become a member prior to registering by going to www.AARC.org. If you opt to pay the nonmember fee, you are entitled to a complimentary, automatic 11-month AARC membership. Check here <input type="checkbox"/> if you DO NOT wish to receive this complimentary 11-month AARC membership.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |

Check enclosed for \$ _____ or Charge \$ _____ to my American Express MasterCard VISA

Card Holder Name (print)

| |
|--|
| |
|--|

| | |
|---------------|-----------------|
| Credit Card # | Expiration Date |
| | |

Signature _____

The Congress will be electronically recorded by the AARC. By attendance or participation in discussion, registrant agrees that the AARC may electronically record, 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 or video) any portion of this program.**

OFFICE USE ONLY: BC PC C CC Total Received _____ Check # _____ Date _____