2009 REGISTRATION FORM

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, Irving, TX 75063-4706 USA**
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.**

See the AARC Registration Policies: 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 17, 2009. 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 _____

CONGRESS REGISTRATION

Payment of appropriate fee entitles registrant to attend all Congress activities and social events Dec 5-8. Spouses register on-site only.

CHECK ONE:	***By Oct 31***	***After Oct 31 (and on-site 4-Day)***
AARC Active/Associate Member	☐ $350	☐ $375
AARC Student Member	☐ $160	☐ $165
Nonmember*	☐ $490	☐ $500

*You may become a Member prior to registering by going to www.AARC.org. If you opt to pay the Non-member fee you are entitled to complimentary, automatic 12-month AARC membership. Check here ☐ if you **DO NOT** wish to receive this complimentary 12-month AARC membership.

TRAIN THE TRAINER COURSE

Friday, Dec 4, 2009 • ***Congress registration required***

Attendance is limited. No registration fee required but you must pre-register. Deadline: Nov 17, or when the course is full.

☐ Please register me.

MECHANICAL VENT COURSE

Friday, Dec 4, 2009

Attendance is limited. Pre-registration is required. Deadline: Nov 17, or when the course is full.

Train the Trainer and Mechanical Vent courses run concurrently. You may register for only one.

By October 31	**AARC Member**	**Non-member**
MV Course only	☐ $180	☐ $280*
If registered for Congress	☐ $70	☐ $110*
November 1–17	**AARC Member**	**Non-member**
MV Course only	☐ $210	☐ $310*
If registered for Congress	☐ $100	☐ $140*

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

Card Holder Name (print)

Credit Card # | **Expiration Date**

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 _____