REGISTRATION FORM

AARC COPD Educator Course

May 6, 2009 • Miami Beach, FL

Attendance is limited. Pre-registration is required.
Deadline: April 23, 2009 or when the course is full.

One person per form. Full payment must be included with registration. No invoices will be issued.

First/Last Name for Badge _____

AARC Member # _____

First/Last Name for Completion Certificate _____

Credentials for Completion Certificate _____

Employer _____

Preferred Mailing Address (indicate if this is your ☐ Home or ☐ Business)

_____

_____

City _____ State _____ Zip Code _____

Daytime Phone (include area code) _____

E-mail Address _____

Course Fees

Pre-registration is required. Deadline: April 23, 2009.

By April 10: ☐ AARC Member $99 ☐ Nonmember $140*

April 11-23: ☐ AARC Member $125 ☐ Nonmember $165*

Cancellations must be in writing. There will be a 30% handling fee for cancellations received by April 23. No refunds will be made thereafter.

*You may become a member prior to registering by going to **www.AARC.org**.

☐ Check or Money Order enclosed. Charge my: ☐ MasterCard ☐ VISA ☐ American Express

Name of Card Holder (print) _____

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐-☐☐ _____

Credit Card # Expiration Date Signature

If paying by credit card, you may FAX your Registration Form to (972) 484-2720.
Mail Registration Form and check, payable to AARC, to:
AARC, 9425 N. MacArthur Blvd., Suite 100, Irving, TX 75063-4706 • Phone (972) 243-2272