

REGISTRATION FORM

AARC Congress 2015

November 7 - 10, 2015 • Tampa, FL, USA

INTERNET: Go to www.AARC.org to register online and to receive a confirmation.

or MAIL: Send this form to: AARC Congress 2015, 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.

PLEASE PRINT

AARC Member # _____ Membership Expiration Date _____

First/Last Name for Badge _____

Credential (check up to three to be printed after your name): RRT CRT PhD MA MD Other _____

Job Responsibility (check one): Dept. Director Supervisor Therapist Educator Other _____

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

Job Title _____ E-Mail Address _____

Employer _____

Preferred Mailing Address: Home or Business Daytime Telephone () _____

City _____ State _____ Zip _____

Pre-Course

All pre-courses will be held on Friday, November 6, 2015.
Courses run concurrently. You may register for only one course.
You must attend the entire course to receive CRCE credit;
no partial credit will be given.
Course capacities are limited. Pre-registration is required.
Deadline: Wednesday, October 28 or when course is full.

#1 - Management of Chronic Hypoxemia Across the Continuum of Care

8:00 am - 4:00 pm

#2 - Mechanical Ventilation: Adult & Pediatric Considerations

8:00 am - 5:00 pm

Please register me for #1 or #2
(Also check the appropriate fee box below)

CHECK ONE

AARC Member Non Member Student

By Sept. 18

Course Only	<input type="checkbox"/> \$100	<input type="checkbox"/> \$210	<input type="checkbox"/> \$15
With Congress Reg	<input type="checkbox"/> \$90	<input type="checkbox"/> \$90	

Sept. 19 - Oct. 28

Course Only	<input type="checkbox"/> \$110	<input type="checkbox"/> \$225	<input type="checkbox"/> \$15
With Congress Reg	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	

#3 -Vascular Line Insertion Workshop

1:00 pm - 5:00 pm

Please register me for #3
(Also check the appropriate fee box below)

CHECK ONE

AARC Member Non Member Student

By Sept. 18

Course Only	<input type="checkbox"/> \$35	<input type="checkbox"/> \$60	<input type="checkbox"/> \$15
With Congress Reg	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	

Sept. 19 - Oct. 28

Course Only	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$15
With Congress Reg	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	

Congress Registration

Payment of appropriate fee entitles registrant to attend all
Congress activities and social events November 7 - 10.

Spouses register on-site only.

CHECK ONE:	By Sept. 18	After Sept. 18 (and on-site 4-Days)
AARC Active/Associate Member	<input type="checkbox"/> \$389	<input type="checkbox"/> \$424
AARC Student	<input type="checkbox"/> \$69	<input type="checkbox"/> \$89
Non-member*	<input type="checkbox"/> \$534	<input type="checkbox"/> \$554

Spouse may register on-site for \$25

Method of Payment

Check or Money Order enclosed

Charge my Visa MasterCard American Express

Name of Card Holder (print) _____

Credit Card # _____

Expiration Date _____

Signature _____

***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 1-year AARC membership.**

**Check here if you DO NOT wish to receive this complimentary
1-year AARC membership.**

*No invoices will be issued. Cancellations must be in writing. There will be
either a 25% or \$50 handling fee, whichever is less, for cancellations
received by June 22, 2015. No refunds will be made thereafter.*

Educational sessions 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 _____