American Epilepsy Society
2011 On-Site Registration Form

(Please Print Clearly)

First Name _____ Last Name _____

Degrees / Certifications – Please indicate: (BA; MS; DO; MD; PhD; RN; APRN; PsyD; R.EEGT; PNP; PA-C; MBA; MPH; etc.) _____

Institution / Company _____

Is the mailing address below your ❑ Home Address or ❑ Business Address • AES Member? ❑ Yes ❑ No

Address _____

City_____ State / Province _____Country _____ Zip Code _____-_____

Business Phone (_____) _____ Home Phone (_____) _____

E-mail Address_____

Emergency Contact Name _____ Contact Phone _____

Check the appropriate statements below, if applicable:

❑ Please check here if this represents a change in your address.

❑ I require special ADA accommodation as described: _____

AES fully complies with the legal requirements of the Americans with Disabilities Act (ADA) and the rules and regulations thereof.

Please bring the completed form, payment and a photo ID to the onsite registration counter. Accepted payments: cash, check, Visa, MasterCard and American Express.

Section A – Meeting Fees

Five-Day	Member	Non-member
1. Medical Professional – M.D. and D.O.	❒ 640	❒ 890
2. Resident, Student, Fellow	❒ 395	❒ 545*
3. Professional in Epilepsy Care – Non-M.D. and Non-D.O. (i.e., Ph.D., Nurse, Tech, Psy.D., P.A.)	❒ 540	❒ 729
4. Non Medical Leadership-EF Affiliate Staff	❒ 445	❒ 445
One-Day	❒ 300	❒ 425

Section B – Selection for One-Day Registration

❑ Friday, December 2

❑ Saturday, December 3

❑ Sunday, December 4

❑ Monday, December 5

❑ Tuesday, December 6

75th Anniversary Celebration – Saturday, December 3

$135 x _____ # of tickets $_____ $_____

$50 for Resident, Student, Fellow only (one ONLY) $_____ $_____

Miscellaneous

❑ Exhibit Hall Guest Name _____ $75

City_____ State _____

❑ Name Replacement (original registrant name) $75

_____

❑ Badge Reprint _____ $10

SECTION TOTAL $_____

(U.S. Funds Only) TOTAL Fees: $_____

** To register as a resident, student or fellow and not a current AES member, proof of this status is required.*

Acceptable forms of proof are a school picture ID or a letter from your program director confirming this status.

Section C – Professional Activities

Check the box next to the areas in which you currently work or train:

1. ❑ Administration
2. ❑ Adult Neurology/Epileptology
3. ❑ Basic Science Research
4. ❑ Clinical Research
5. ❑ EEG/Clinical Neurophysiology
6. ❑ Industry/Marketing
7. ❑ Neuroimaging
8. ❑ Neurosurgery
9. ❑ Non-Profit/Government
10. ❑ Nursing/Advanced Practice
11. ❑ Pediatric Neurology/Epileptology
12. ❑ Pharmacology
13. ❑ Physician Assistant
14. ❑ Psychiatry/Neuropsychiatry
15. ❑ Psychology/Neuropsychology
16. ❑ Sleep Medicine
17. ❑ Social Work
18. ❑ Veterinary Science/Medicine
19. ❑ Other _____

Section D – Registrant Information

First time meeting attendee?

❑ Yes ❑ No

New member in 2011?

❑ Yes ❑ No

Form of Payment (Charges will be processed upon receipt of registration.)

❑ Money Order/Check # _____ ❑ Cash Amount $_____

❑ Check payable to AES, drawn in U.S. dollars on U.S. bank only $_____

❑ MasterCard ❑ Visa ❑ American Express

(U.S. Funds Only) Total On-Site Payment $ _____

Name on Card _____ Exp. Date _____

(Please Print)

Signature (as shown on card) _____

I authorize AES to charge to my credit card for the amount of registration fees as determined by AES.