American Epilepsy Society
2013 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.	❒ 685	❒ 1,075
2. Medical / Other Professional – Non-M.D., Non-D.O., and PA.	❒ 540	❒ 839
3. Resident / Student / Fellow	❒ 345	❒ 569*
4. Non-Profit Leadership / Affiliate Staff	❒ 445	❒ 445
One-Day	❒ 300	❒ 490

1. ❒ Friday, December 6
2. ❒ Saturday, December 7
3. ❒ Sunday, December 8
4. ❒ Monday, December 9
5. ❒ Tuesday, December 10

TOTAL FEES: $_____ $_____

Miscellaneous

❑ Exhibit Hall Guest Name _____ $75

City_____State _____

❑ Name Replacement (original registrant name) $75

_____

❑ Badge Reprint _____ $10

(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 B – 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 / Research
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 Medicine
19. ❒ Other _____

Section C – Registrant Information

Is this your first AES Annual Meeting? ❑ Yes ❑ No

Are you a new AES Member (from 7/1/2012)? ❑ Yes ❑ No

Section D – Contributions

Consider a tax deductible contribution to:
(descriptions of these funds are found at www.aesnet.org/contribute)

New Initiative Fund $_____

Fritz Dreifuss Epilepsy Fund $_____

J. Kiffin Penry Fund $_____

Rebecca Goldberg-Kaufman Ethical Neuropsychiatry Award Fund $_____

Susan S. Spencer Fund $_____

Lennox and Lombroso Trust $_____

The Total Contribution: **$**_____

Thank you!

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.

A receipt will be sent to you electronically.