

## LIVE IN-PERSON SEMINAR REGISTRATION FORM

PLEASE CHECK THE SEMINARS  
YOU WOULD LIKE TO ATTEND

## FOUNDATIONS OF PERIANESTHESIA PRACTICE

☐ (2001) February 9, 2020 **SUNDAY** San Jose, CA Jacque CrossonPAIN MANAGEMENT IN THE PERIANESTHESIA AND  
CRITICAL CARE SETTINGS☐ (2002) March 7, 2020 Pittsburgh, PA Meg Beturne

## PERIANESTHESIA CERTIFICATION REVIEW

☐ (2003) January 25, 2020 Portland, OR Lois Schick☐ (2004) February 8, 2020 Lombard, IL Sylvia Baker☐ (2005) February 15, 2020 Middletown, PA Denise O'Brien☐ (2006) February 29, 2020 Pembroke Pines, FL Linda Wilson☐ (2007) March 7, 2020 San Francisco, CA Lois Schick☐ (2008) March 21, 2020 Charlotte, NC Nancy Strzyzewski☐ (2009) June 7, 2020 **SUNDAY** Phoenix, AZ Jacque CrossonPERIANESTHESIA PATHOPHYSIOLOGY AND  
ASSESSMENT: A SYSTEMS APPROACH☐ (2010) June 13, 2020 Waltham, MA Denise O'Brien

## REFRESHING YOUR PERIANESTHESIA PRACTICE

☐ (2011) March 14, 2020 Manchester, NH Meg Beturne

Once you register, you will automatically receive a receipt and a confirmation via email. Both will direct you to ASPAN Learn. Handouts will be available one week prior through two weeks following the seminar. To access the handout, you must be a registered attendee and you must be logged into the ASPAN Learn website using the username and password connected to your account. If you do not know or do not have your username and password, please go to [www.aspan.org](http://www.aspan.org) and click the **Login** button at the top of the page. Please read and follow the prompts that apply to you. Wi-Fi will not be available at in-person seminar locations; it is your decision to download and save the handout to your device or to print the document before attending the seminar.

Please return this form to:

ASPAN Seminars, 90 Frontage Road, Cherry Hill, NJ 08034-1424

Fax (856) 616-9601

Please note: Registration is not taken over the phone

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone (Work, Home, Cell): \_\_\_\_\_

Email (mandatory): \_\_\_\_\_

Are you an ASPAN Member? ☐ Yes ☐ No

If yes, please provide ASPAN member #: \_\_\_\_\_

## CANCELLATION POLICY

- Full refund upon receipt of documented notice of cancellation postmarked 30 days or more preceding seminar date. An administrative fee of 20% will be charged for any cancellation postmarked 29 days or less preceding one week of the seminar date. Please note that seminars cancelled within one week or less of the seminar date will **not** be eligible for a refund. This cancellation policy applies **regardless of when you register**.
- ASPAN reserves the right to substitute speakers if necessary.
- ASPAN reserves the right to cancel a seminar due to insufficient enrollment (less than 20 attendees) or any unforeseen circumstances. All fees will be fully refunded.
- ASPAN cannot be responsible for limited enrollment due to room sizes in some facilities.

## FEE SCHEDULE

Please enroll me in \_\_\_\_\_ (number of seminars) at the following rate:

- ☐ ASPAN Member: Early Bird Fee (4 weeks prior to seminar) . . . . . \$125.00
- ☐ ASPAN Member: Regular Fee . . . . . \$162.00
- ☐ ASPAN member with CPAN®/CAPA® Certification may deduct \$5.00 from registration fees.

Provide Certification number: \_\_\_\_\_

- ☐ Non-Member Early Bird Fee (4 weeks prior to seminar) . . . . . \$183.00
  - ☐ Non-Member Regular Fee . . . . . \$220.00
  - ☐ ASPAN Student Member (**unlicensed only/no contact hours**) . . . . . \$46.00
  - ☐ Group discounts (excluding students): four or more registrations received at the same time (mail or fax only), each receives a \$10.00 discount.
- All forms and checks must be received at the same time no exceptions.

Please note that registration cannot be accepted or processed unless accompanied by appropriate tuition payment. ASPAN will not reserve seats for registrations received without payment.

TOTAL ENCLOSED . . . . . \$ \_\_\_\_\_

**Register online at [www.learn.aspan.org](http://www.learn.aspan.org) OR  
at [www.aspan.org](http://www.aspan.org), under Education/ASPAN Learn**

## METHOD OF PAYMENT

- ☐ Check (Payable to ASPAN, drawn on U.S. bank in U.S. funds)
- ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_

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