



**ACADEMY OF  
SURGICAL RESEARCH**

**ASR 33rd Annual Meeting**

**October 4 - October 6, 2017  
Flamingo, Las Vegas, NV**

|                          |       |  |                                  |
|--------------------------|-------|--|----------------------------------|
| Name                     |       | Degree or Title:   |                                  |
| Affiliation              |       |  | Vendor?                          |
| Department               |       |  |                                  |
| Address1                 |       |  |                                  |
| Address 2                |       |  |                                  |
| City, State, Postal Code |       | Country  | Will you need a CEU certificate? |
| Phone Number             | Email | <b>Email address of person requiring confirmation if other than attendee</b> |                                  |

|   |  |
|---|--|
| <p><b>Annual Meeting:</b> (Check Choice)</p> <p><input type="checkbox"/> <b>\$820.00</b> Member Meeting Registration and 2018 Membership Dues Combo</p> <p><input type="checkbox"/> <b>\$525.00</b> Member Meeting Registration</p> <p><input type="checkbox"/> <b>\$695.00</b> Non-Member Meeting Registration</p> <p><input type="checkbox"/> <b>\$295.00</b> Full-Time Student and SRS, SRT, SRA candidates registered for exam</p> <p><input type="checkbox"/> <b>\$590.00</b> Student/Exam candidates and 2018 Membership Dues Combo</p> | <p><b>Wet Lab Registration: (Optional)</b><br/>All Wet Labs are scheduled for Wednesday, October 4</p> <p><b><u>Morning Labs: 8:30 AM – 12:30 PM</u></b></p> <p><input type="checkbox"/> <b>\$450</b> Lab #1 <b>Anesthesia and Intrathecal Catheterization Technique in Sheep (Max 10)</b></p> <p><input type="checkbox"/> <b>\$295</b> Lab #2 <b>Targeted Cell Delivery Techniques in the Mouse (Max 10)</b></p> <p><b><u>Afternoon Lab: 1 PM-5 PM</u></b></p> <p><input type="checkbox"/> <b>\$400</b> Lab #3 <b>Vascular Access Techniques and Successful Management in the Swine Model (Max 10)</b></p> <p><input type="checkbox"/> <b>\$250</b> Lab #4 <b>Bile Duct Cannulation in the Rat (Max 10)</b></p> |
|---|--|

**CANCELLATION POLICY:** Please visit our website for complete information – [www.surgicalresearch.org](http://www.surgicalresearch.org)

**Payment Information**

*Checks must be in U.S. dollars and drawn on a U.S. bank and made payable to the ASR.*

|  |   |                 |
|--|---|-----------------|
| Please remit to:<br><b>ASR</b><br>15490 101 <sup>st</sup> Ave N #100<br>Maple Grove, MN 55369<br><br>Phone: 763.235.6488<br>Fax: 763.235.6461<br>Email: <a href="mailto:arau@miia.org">arau@miia.org</a> | <input type="checkbox"/> Check    Credit Card Type: <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover |                 |
|  | Card Number   | Expiration Date |
|  | Cardholder Billing Address  | Card Code       |
|  | City, State, Zip  |                 |
|  |   |                 |

To submit this form via our Secure Data site, first fill out the form and save it to your desktop then go to [Secure Data Upload website](https://lock.securedataupload.com) or <https://lock.securedataupload.com> Log in with user name **asr** and password **as321** (password is case sensitive) *Skip directly to Step 3!* Click the Browse button to locate your completed registration on your computer, then click the Upload button to submit your completed form.