



**ACADEMY OF
SURGICAL RESEARCH**

ASR 34th Annual Meeting

September 26-28, 2018
Charleston, SC

Name		Degree or Title:	
Affiliation			Vendor?
Department			
Address 1			
Address 2			
City, State, Postal Code		Country	Will you need a CEU certificate?
Phone Number	Email	Email address of person requiring confirmation if other than attendee	

<p>Annual Meeting: (Check Choice)</p> <p><input type="checkbox"/> \$820.00 Member Meeting Registration and 2019 Membership Dues Combo</p> <p><input type="checkbox"/> \$525.00 Member Meeting Registration</p> <p><input type="checkbox"/> \$695.00 Non-Member Meeting Registration</p> <p><input type="checkbox"/> \$295.00 Full-Time Student and SRS, SRT, SRA candidates registered for exam</p> <p><input type="checkbox"/> \$590.00 Student/Exam candidates and 2018 Membership Dues Combo</p>	<p style="text-align: center;">Wet Lab Registration: (Optional) All Wet Labs are scheduled for Wednesday, September 26th</p> <p style="text-align: center;"><u>Morning Labs: 8:00 AM – 11:30 AM</u></p> <p><input type="checkbox"/> \$550 Lab #1 Vascular Access Port Implant in the Swine Model (Max 16)</p> <p><input type="checkbox"/> \$400 Lab #2 Intrathecal Lumbar Catheterization in Rats (Max 10)</p> <p style="text-align: center;"><u>Afternoon Lab: 1 PM-4:30 PM</u></p> <p><input type="checkbox"/> \$600 Lab #3 Demonstration: Myocardial Infarction (MI) & Long Term Instrumentation in the Swine Model (Max 10)</p> <p><input type="checkbox"/> \$500 Lab #4 Regional Anesthesia and Analgesia/Advanced Suturing Techniques (Max 12)</p> <p><input type="checkbox"/> \$450 Lab #5 Myocardial Infarction (MI) in the Rat Model (Max 12)</p>
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CANCELLATION POLICY: Please visit our website for complete information – 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: ASR 15490 101 st Ave N #100 Maple Grove, MN 55369 Phone: 763.235.6488 Fax: 763.235.6461 Email: kschlieff@miaa.org	<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
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	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](http://SecureDataUploadWebsite) 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.

In accordance with the Title III of the American Disabilities Act we invite all registrants to advise us of any disability and any request for accommodations relating to their specific needs. Please submit your requests as far as possible in advance of the first day of the event.