



**ACADEMY OF
SURGICAL RESEARCH**

ASR 35th Annual Meeting

September 25-27, 2019
Clearwater Beach, FL

Name		Degree or Title:	
Affiliation			Vendor?
Department			
Address1			
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 2020 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 2020 Membership Dues Combo</p>	<p>Wet Lab Registration: (Optional) All Wet Labs are scheduled for Wednesday, September 25th</p> <p><u>Morning Labs: 8:30 AM – 12:30 PM</u></p> <p><u>Afternoon Lab: 1 PM-5 PM</u></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: 763.235.6483 Fax: 763.235.6461 Email: kschlieff@associationsolutionsinc.com	<input type="checkbox"/> Check Credit Card Type: <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
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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](#) 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.