

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	

Wet Lab and Dry Lab Registration: (Optional)
All Wet Labs are scheduled for Wednesday, September 25th

Morning Labs: 8:00 AM – 11:00 AM

Annual Meeting: (Check Choice)

\$820.00 Member Meeting
Registration and 2020 Membership Dues
Combo

\$525.00 Member Meeting
Registration

\$695.00 Non-Member Meeting
Registration

\$295.00 Full-Time Student and SRS,
SRT, SRA candidates registered for
exam

\$590.00 Student/Exam candidates
and 2020 Membership Dues Combo

\$295 Lab #1

Stereotaxic Delivery in Mice (Max 8)

\$295 Lab #2

Ototox Dosing Techniques in Rats & Mice (Max 6)

\$295 Lab #3

Intubation & Ventilation of Rats & Mice (Max 8)

\$550 Lab #4

**Surgical Implantation of the M11 Device in Ferrets to
Collect Blood Pressure, ECG, and Temperature (Max 4)**

Afternoon Lab: 12:30 PM - 3:30 PM

\$295 Lab #5

Non-stereotaxic Targeted Delivery in Rats (Max 8)

\$295 Lab #6

Intravitreal and Subretinal Dosing in Rats (Max 6)

\$450 Lab #7

Myocardial Infarction in Rat Model (Max 8)

\$550 Lab #8

**Surgical Implantation of the M11 Device in Ferrets to
Collect Blood Pressure, ECG, and Temperature (Max 4)**

Thursday Dry Lab: 10:30 AM - 12:00 PM

\$195 Lab #9

Intro to Large Animal Stereotaxic Surgery (Max 6)

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: 763.235.6464 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	
	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.

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.