

REGISTRATION FORM

ACCS Prep Course

Wednesday - Thursday, September 18-19, 2013 • Las Vegas, Nevada, USA

INTERNET: Go to www.AARC.org to register online and to receive a confirmation.

or MAIL: Send this form to: ACCS Prep Course, 9425 N. MacArthur Blvd. Ste. 100, Irving, TX 75063-4706 U.S.A.
Full payment must be included with your registration form.

or FAX: If paying by American Express, MasterCard, or VISA, you may fax your registration form to (972) 484-2720.

PLEASE PRINT INSIDE THE BOXES

AARC Member #

Membership Expiration Date

Daytime Telephone (if international, include country code)

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First and Last name as you want them to appear on your name badge. DO NOT include credentials here.)

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Employer

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Preferred Mailing Address (write address below, but first indicate if this is your home or business address) Home Address Business Address

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City (and Country if outside US)

State

Zip/Postal Code

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E-Mail Address _____ @ _____

CREDENTIAL (check three to be printed after your name): RRT CRT MD RN Other _____

JOB RESPONSIBILITY (check one): Dept. Director Supervisor Therapist Educator Other _____

EMPLOYMENT SETTING (check one): Hospital School Skilled Nursing Facility Subacute Care Home Care

HMO Home Health Agency Manufacturer/Supplier Other _____

ACCS PREP COURSE

CHECK ONE:

By August 27

By September 11

On-Site

AARC Active/Associate Member
Nonmember

\$240
 \$290

\$265
 \$315

Call for Availability
 Call for Availability

Attendance is limited

As a **BONUS**, Early Bird Registration on or prior to Aug. 27th includes
an on-demand learning module for test taking skills

**Paid registration includes one (1) continental breakfast and one (1) buffet/plated lunch
on both Sept. 18 and Sept. 19**

Check enclosed for \$ _____ or Charge \$ _____ to my American Express MasterCard VISA

Card Holder Name (print)

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Credit Card #

Expiration Date

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Signature _____

This course will be electronically recorded by the AARC. By attendance or participation in discussion, registrant agrees that the AARC may electronically record, copy, and distribute registrant's attendance and involvement in the program discussions and question-and-answer periods. **No individual or entity other than the AARC may record (audio or video) any portion of this program.**

OFFICE USE ONLY: BC PC C CC Total Received _____ Check # _____ Date _____