

# REGISTRATION FORM

## ACCS Course

Friday, March 20, 2015 • Winfield, IL, USA

**INTERNET:** Go to [www.AARC.org](http://www.AARC.org) to register online and to receive a confirmation.

or **MAIL:** Send this form to: ACCS 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

First/Last Name for Badge \_\_\_\_\_

Credential (check up to three to be printed after your name):  RRT  CRT  PhD  MA  MD  Other \_\_\_\_\_

AARC Member # \_\_\_\_\_ E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

Employer \_\_\_\_\_

Preferred Mailing Address:  Home or  Business Daytime Telephone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Responsibility (check one):  Dept. Director  Supervisor  Therapist  Educator  Other \_\_\_\_\_

Employment Setting (check one):  Hospital  School  Skilled Nursing Facility  Subacute Care  Home Care/DME  HMO

Home Health Agency  Manufacturer/Supplier  Other \_\_\_\_\_

### ACCS Prep Course

Pre-registration is required. Deadline: Friday, February 20, 2015, or when course is full. Paid registration includes coffee, bagels, and lunch.

You must attend the entire course to receive CRCE credit; no partial credit will be awarded.

#### CHECK ONE:

Before Jan 16

Jan 16 – Feb 20

AARC Active/Associate Member

\$225

\$240

Non-member\*

\$275

\$290

### Method of Payment

Check or Money Order enclosed

Charge my  Visa  MasterCard  American Express

Name of Card Holder (print) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

No invoices will be issued. Cancellations must be in writing. There will be either a 25% or \$50 handling fee, whichever is less, for cancellations received by February 20, 2015. No refunds will be made thereafter.