2007 Int'l Respiratory Congress - Registration Form

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

***or* MAIL:** Send this form to AARC Congress, P.O. Box 650097, Dallas, TX 75265-0097, 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.

See the *AARC Registration Policies*: One person per form. No invoices will be issued. Cancellations must be in writing. There will be a 35% handling fee for cancellations received by November 9, 2007. No refunds will be made thereafter.

PLEASE PRINT INSIDE THE BOXES

AARC Member # **Membership Expiration Date** **Daytime Telephone (if international, include country code)**

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

Job Title

Employer

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

City (and Country if outside US) **State** **Zip/Postal Code**

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 _____

CONGRESS REGISTRATION

Payment of appropriate fee entitles registrant to attend all Congress activities and social events December 1-4. Spouses register on-site only.

CHECK ONE:	***By Oct 31***	***after Oct 31 (and on-site 4-Day)***
AARC Active/Associate Member	☐ $345	☐ $370
AARC Student Member	☐ $155	☐ $160
Non-member*	☐ $470	☐ $495

*You may become a Member prior to registering by going to www.AARC.org. If you opt to pay the Non-member fee you are entitled to complimentary, automatic 11-month AARC membership. Check here ☐ if you **DO NOT** wish to receive this complimentary 11-month AARC membership.

ASTHMA EDUCATOR CERTIFICATION PREP COURSE

Thursday & Friday, Nov. 29-30, 2007 • Orlando, FL

Attendance is limited.
Pre-registration is required. Deadline: November 9, 2007.

	AARC Member	Non-member
By October 31	☐ $210	☐ $305*
Nov 1 – Nov 9	☐ $225	☐ $325*

MECHANICAL VENTILATION COURSE & WORKSHOPS

Friday, November 30, 2007 • Orlando, FL

Attendance is limited to 150 registrants.
Pre-registration is required. Deadline: November 9, 2007.

	AARC Member	Non-member
By October 31	☐ $180	☐ $280*
Nov 1 – Nov 9	☐ $210	☐ $310*

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

Card Holder Name (print)

Credit Card # **Expiration Date**

_____
Signature

The Congress 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 _____