

REGISTRATION FORM

2010 AARC International Congress

Monday–Thursday, December 6–9, 2010 • Las Vegas, Nevada, USA

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

or MAIL: Send this form to: AARC Congress, 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.

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 17, 2010. 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 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

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

E-Mail Address _____ @ _____

CHECK THE HIGHEST DEGREE EARNED:

<input type="checkbox"/> PhD	<input type="checkbox"/> EdD	<input type="checkbox"/> MEd	<input type="checkbox"/> MBA	<input type="checkbox"/> MS	<input type="checkbox"/> MHA
<input type="checkbox"/> MHS	<input type="checkbox"/> MPA	<input type="checkbox"/> MPH	<input type="checkbox"/> MSEd	<input type="checkbox"/> MSN	<input type="checkbox"/> MA
<input type="checkbox"/> BS	<input type="checkbox"/> BHS	<input type="checkbox"/> BSEd	<input type="checkbox"/> BSN	<input type="checkbox"/> BA	<input type="checkbox"/> AAS
<input type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> RRT-NPS	<input type="checkbox"/> RRT-SDS	<input type="checkbox"/> RRT	<input type="checkbox"/> AE-C
<input type="checkbox"/> RPFT	<input type="checkbox"/> CRT-NPS	<input type="checkbox"/> CRT-SDS	<input type="checkbox"/> CRT	<input type="checkbox"/> CPFT	<input type="checkbox"/> RN
<input type="checkbox"/> CTS	<input type="checkbox"/> EMT-P	<input type="checkbox"/> LPN	<input type="checkbox"/> LVN	<input type="checkbox"/> Other _____	<input type="checkbox"/> RPSGT

HONORARY CREDENTIALS: FAARC FACHE FAACVPR FCCM FCCP

<p style="text-align: center;">CONGRESS REGISTRATION</p> <p>Payment of appropriate fee entitles registrant to attend all Congress activities and social events December 6-9. Spouses register on-site only.</p> <p>CHECK ONE:</p> <table style="width: 100%;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">By Oct 31</td> <td style="width: 33%; text-align: center;">After Oct 31 (and on-site 4-Day)</td> </tr> <tr> <td>AARC Active/Associate Member</td> <td style="text-align: center;"><input type="checkbox"/> \$360</td> <td style="text-align: center;"><input type="checkbox"/> \$385</td> </tr> <tr> <td>AARC Student Member</td> <td style="text-align: center;"><input type="checkbox"/> \$160</td> <td style="text-align: center;"><input type="checkbox"/> \$170</td> </tr> <tr> <td>Nonmember*</td> <td style="text-align: center;"><input type="checkbox"/> \$490</td> <td style="text-align: center;"><input type="checkbox"/> \$500</td> </tr> </table> <p><small>*You may become a member prior to registering by going to www.AARC.org. If you opt to pay the nonmember fee, you are entitled to a complimentary, automatic 12-month AARC membership. Check here <input type="checkbox"/> if you DO NOT wish to receive this complimentary 12-month AARC membership.</small></p>		By Oct 31	After Oct 31 (and on-site 4-Day)	AARC Active/Associate Member	<input type="checkbox"/> \$360	<input type="checkbox"/> \$385	AARC Student Member	<input type="checkbox"/> \$160	<input type="checkbox"/> \$170	Nonmember*	<input type="checkbox"/> \$490	<input type="checkbox"/> \$500	<p style="text-align: center;">ALPHA-1 COURSE</p> <p style="text-align: center;">Sunday, Dec 5, 2010 • <i>Congress registration required</i></p> <p>Attendance is limited. No course registration fee is required but you must pre-register. Deadline: Nov 17, or when the course is full.</p> <p style="text-align: center;"><input type="checkbox"/> Please register me.</p> <p style="text-align: center;">MECHANICAL VENT COURSE</p> <p style="text-align: center;">Sunday, Dec 5, 2010</p> <p>Attendance is limited. Pre-registration is required. Deadline: Nov 17, or when the course is full.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">By October 31</td> <td style="width: 25%;">AARC Member</td> <td style="width: 25%;">Non-member*</td> </tr> <tr> <td>MV Course only</td> <td><input type="checkbox"/> \$180</td> <td><input type="checkbox"/> \$280</td> </tr> <tr> <td>If registered for Congress</td> <td><input type="checkbox"/> \$70</td> <td><input type="checkbox"/> \$110</td> </tr> <tr> <td>November 1–17</td> <td>AARC Member</td> <td>Non-member*</td> </tr> <tr> <td>MV Course only</td> <td><input type="checkbox"/> \$210</td> <td><input type="checkbox"/> \$310</td> </tr> <tr> <td>If registered for Congress</td> <td><input type="checkbox"/> \$100</td> <td><input type="checkbox"/> \$140</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; font-size: small;"> <p>Alpha-1 and Mechanical Vent courses run concurrently. You may register for only one.</p> </div>	By October 31	AARC Member	Non-member*	MV Course only	<input type="checkbox"/> \$180	<input type="checkbox"/> \$280	If registered for Congress	<input type="checkbox"/> \$70	<input type="checkbox"/> \$110	November 1–17	AARC Member	Non-member*	MV Course only	<input type="checkbox"/> \$210	<input type="checkbox"/> \$310	If registered for Congress	<input type="checkbox"/> \$100	<input type="checkbox"/> \$140
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Check enclosed for \$ _____ or Charge \$ _____ to my American Express MasterCard VISA

Card Holder Name (print)

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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 _____