

AAN ANNUAL CONFERENCE AUGUST 12, 2017 EMBASSY SUITES, MONTGOMERY

REGISTRATION FORM

Name _____ Designation MD DO Other _____

Company Name _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Practice Manager _____ Practice Manager E-mail _____

Dietary Needs _____

FEES (On or before July 28 | After July 28 add \$100)

- Member \$150 Non-Member \$250 Retired \$50 Nonphysician Clinician \$100
 Resident/Fellow - Free Student - Free
 Administrator* \$75 Practice Manager* \$75

**A minimum number of registrants is required for administrators and practice managers. If that number is not met, the registration fee will be refunded.*

REGISTRATION

Send completed form to:

AAN 2017 Conference | Attn. Jennifer Hayes | PO Box 1900 | Montgomery, AL 36102-1900

ACCOMMODATIONS

Call Embassy Suites Montgomery at (334) 269-5055 with group code AAN or reserve a room online at www.embassysuites.com. Rates are \$129 per night. **AAN's room block expires on July 21.**

DETAILS

More conference information is online at www.alneurology.com. If you have special needs and/or need assistance, please contact Jennifer Hayes, at (334) 954-2500 or JHayes@alamedical.org.

PAYMENT

Check payable to AAN Credit Card: VISA MasterCard American Express

Cardholder Name _____ Email address for receipt: _____

Card Number _____ Exp. Date _____ Security Code _____

Billing Address _____ City, State ZIP _____

Signature _____ Amount: \$ _____