

REGISTRATION FORM

Name	Designation • M	Designation DODODOTher	
Practice/Facility Name			
Address	City/State/Zip _		
Phone	. Fax	E-mail	
Practice Manager	Practice Manage	ractice Manager E-mail	
Dietary Needs	Pirst time attendee? (check if yes)		
FEES ☐ Member \$150 ☐ Non-Member \$250 ☐ Resident/Fellow - Free ☐ Student - Free	☐ Retired \$50	□ Nonphysician Clinician \$100	
REGISTRATION Register online at www.tinyurl.com/AAN2018Conference or send completed form to: AAN 2018 Conference Attn. Meghan Martin PO Box 1900 Montgomery, AL 36102-1900			
ACCOMMODATIONS Make hotel reservations by calling the Hyatt Regency at (800) 233-1234 and mention the Alabama Academy of Neurology 2018 Conference. Rates begin at \$117 per night. The room block will expire on July 27.			
DETAILS More conference information is online at <i>www.alneurology.com</i> . If you have special needs and/or need assistance, please contact Meghan Martin, at (334) 954-2500 or <i>MMartin@alamedical.org</i> .			
PAYMENT			
☐ Check payable to AAN Credit Card: ☐ VISA	■ MasterCard	■ American Express	
Cardholder Name	Email address	for receipt:	
Card Number	Exp. Date	Security Code	
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Signature _____ Amount: \$_____