

## ALABAMA ACADEMY OF NEUROLOGY 2019 ANNUAL CONFERENCE

## **AUGUST 24, 2019**

## **HYATT REGENCY BIRMINGHAM - THE WYNFREY HOTEL**

## **REGISTRATION FORM**

| Name   | Designation DO DO Other               |               |                    |
|--|---------------------------------------|---------------|--------------------|
| Practice/Facility Name   |                                       |               |                    |
| Address  | City/State/Zip                        |               |                    |
| Phone  | E-mail                                |               |                    |
| Practice Manager   | Practice Manager E-mail               |               |                    |
| Dietary Needs  | ☐ First time attendee? (check if yes) |               |                    |
| FEES  ☐ Member \$150 ☐ Non-Member \$280 ☐ Scientific Liaison \$300 ☐ Resident/Fellow - Free  |                                       | □ Nonphysicia | an Clinician \$100 |
| Register online at www.tinyurl.com/AAN2019Conference or send completed form to: AAN 2018 Conference   Attn. Meghan Martin   PO Box 1900   Montgomery, AL 36102-1900  ACCOMMODATIONS  Make hotel reservations at the Hyatt Regency Birmingham - The Wynfrey Hotel by calling (800) 233-1234 and |                                       |               |                    |
| mentioning the Alabama Academy of Neurology 2019 Conference. Rates begin at \$117 per night. The room block will expire on Aug. 2.   |                                       |               |                    |
| <b>DETAILS</b> 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   |                                       | □ American Ex | •                  |
| Cardholder Name  | Email address                         | for receipt:  |                    |
| Card Number  | Exp. Date                             |               | Security Code      |
| Billing Address  | City, State ZIP                       |               |                    |