



21th Annual ASATT Conference

October 14th - October 17th, 2010

Central reservations: 800-228-9290

Marriott - San Diego Mission Valley

8757 Rio San Diego Drive

San Diego, CA 92108

Room rate: \$165.00 plus tax for Single/Double Room

Ask for ASATT 2010 Room Block

Prices guaranteed until September 15, 2010 or based on availability.

ASATT EIN #: 94-3016630

CONFERENCE REGISTRATION FORM

Registration Type	EarlyBird (Mar 1st - May 31st)*	(June 1st - Aug-15th)*	(Aug.16th - Sept 14th)*	(Sept 15th - Oct. 10th)*	On Site (Oct 15th - Oct 18th)	Daily (Please circle day) Thurs/ Fri/ Sat	Amount	
Member:* Member # or User ID: _____	\$250.00	\$300.00	\$350.00	\$400.00	\$500.00	\$200.00		
Non-Member:*	\$450.00	\$500.00	\$550.00	\$600.00	\$700.00	\$300.00		
Spouse/Guest:**	\$200.00	\$250.00	\$250.00	\$250.00	\$250.00			
This is my first time attending an ASATT Conference			<input type="checkbox"/> Yes	<input type="checkbox"/> No		TOTAL:		
Special Physical or Dietary Needs.							If yes, check:	<input type="checkbox"/>

If so, please let us your special needs : _____

Registration Fee Includes: conference materials, opening reception, Friday & Saturday Breakfast and Friday & Saturday Luncheon and designated CE's.

**Spouse/Guest rate includes Welcome Reception, meals, and exhibits only.

* No registration will be processed without payment. Any registrations that do not have the correct payment attached will be held until full payment is received. No exceptions will be made.

Workshops

Please select a workshop from each of the following time slots.

Friday, October 15

9:45 am - 11:45 am -- Auto Transfusion Workshop Nick Cellere (Haemonetics)	<input type="checkbox"/>	1:00 pm - 3:00 pm --Workshop for Drager Anesthesia Machines (3)	<input type="checkbox"/>
9:45 am - 11:45 am -- Auto Transfusion Workshop John Rivera (Medtronics)	<input type="checkbox"/>	1:00 pm - 3:00 pm --Workshop for GE Anesthesia Machines	<input type="checkbox"/>

PAYMENT INFORMATION

Please type or carefully print the information requested exactly as it should appear on the roster and participant's name badge. If the participant uses a nickname, please indicate how it should appear on the name badge.

Check Visa MasterCard American Express Discover

Name:

Employer/Affiliate of:

Home Address:

Home City

State:

Zip:

Work Phone:

Work Fax:

E-mail:

CARD HOLDERS INFORMATION

First Name:

Middle Initial:

Last Name:

Billing Address:

City, State, Zip:

State:

Zip:

Credit Card Number:

Exp. Date:

Sec Code (CVV):

Signature of Card Holder:

OUR CURRENT REFUND POLICY

Full refund of registration fee for cancellations made by August 11, 2010

Cancellations made between August 11th and September 15th, 2010 will be penalized 50% of the registration fee.

Cancellation made on or after Sept 16th, 2010 will receive no refund.

Print this form, attach payment and submit to:

The American Society of Anesthesia Technologists and Technicians

7044 South 13th Street

Oak Creek, WI 53154

Phone: (414) 908-4942 Ext. 450

Fax: (414) 768-8001

<http://www.asatt.org>

Please note that membership dues are not included in the conference registration fee and are invoiced separately