



**27th Annual ASATT
Educational Conference
October 20th - 22nd, 2016**

**Swissotel Chicago
323 East Upper Wacker Drive
Chicago, IL 60601**

Book Rooms through ASA Housing

ASATT EIN #: 94-3016630

CONFERENCE REGISTRATION FORM

Registration Type	EarlyBird				After Oct 14th	Daily (Please circle day)	Amount
	(Feb 15th - May 31st)*	(June 1st - July 31st)*	(Aug 1st - Sept 14th)*	(Sept 15 - Oct 14th)*	On Site Rates	Thurs/ Fri/ Sat	
Member:* Member # or User ID: _____	\$250.00	\$300.00	\$350.00	\$400.00	\$500.00	\$250.00	
Non-Member:*	\$450.00	\$500.00	\$550.00	\$600.00	\$700.00	\$350.00	
Student*	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00		
Spouse/Guest:**	\$200.00	\$250.00	\$250.00	\$250.00	\$250.00		
***Program Directors / Accreditation Workshop						\$150.00	
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:

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. Student registration must have valid School ID

* 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. ***Program Directors Workshop is intended for individuals interested in starting an Anesthesia Technology program (No CE's Awarded).

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:

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 September 1, 2016

Cancellations made between September 2nd, 2016 and October 1st, 2016 will be penalized 50% of the registration fee.

Cancellation made on or after October 2nd, 2016 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.