

Conference Registration Form

First Name _____	Last Name _____	Degree _____
Job Title _____	Department _____	Company _____
Street _____		
City _____	State _____	Zip Code _____ Country _____
Email _____	Telephone _____	Fax _____
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		First Meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No

Activity	Affiliation	Primary Interest
<input type="checkbox"/> Clinician <input type="checkbox"/> Researcher <input type="checkbox"/> Clinician / Researcher	<input type="checkbox"/> Hospital <input type="checkbox"/> University <input type="checkbox"/> Government <input type="checkbox"/> Industry	<input type="checkbox"/> Cardiopulmonary <input type="checkbox"/> Renal / Dialysis <input type="checkbox"/> Bioengineering <input type="checkbox"/> Other _____

Category & Fees	After April 1	Category & Fees	After April 1
<input type="checkbox"/> ASAIO Member	<input type="checkbox"/> \$450	<input type="checkbox"/> Pre-Doctoral Student	<input type="checkbox"/> \$95
<input type="checkbox"/> Guest Non-Member	<input type="checkbox"/> \$695	<input type="checkbox"/> Post-Doctoral Fellow	<input type="checkbox"/> \$95
<input type="checkbox"/> Nurse, Tech, Perfusionist, Fed Govt USA NIH FDA	<input type="checkbox"/> \$220	<input type="checkbox"/> CME Fee <input type="checkbox"/> \$25	
<input type="checkbox"/> Exhibitor – One Complimentary Full Registration Per Company		Date of Birth _____	
		<i>Required for Pre & Post Doc Registration</i>	

Become an ASAIO Member Now & Register at the Member Rate Above!			
ASAIO Senior Faculty	<input type="checkbox"/> \$345 North America	<input type="checkbox"/> \$365 Other Continents	
ASAIOfyi Assistant Professor / Young Researcher	<input type="checkbox"/> \$160 North America	<input type="checkbox"/> \$180 Other Continents	
ASAIOfyi Student / Fellow	<input type="checkbox"/> \$60 North America	<input type="checkbox"/> \$80 Other Continents	

Method of Payment			
<input type="checkbox"/> American Express	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Check Attached - US Bank in US Dollars Only
Total Amount \$ _____		Credit Card Number _____	
Expiration Date _____		CV # (3 or 4 digits) _____	

Hotel Reservations													
<input type="checkbox"/> Please make a reservation for me at the Hilton Baltimore Hilton Honors # _____ Or <input type="checkbox"/> I am staying at the _____ hotel with a confirmation number of _____	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Room Type</th> <th style="text-align: left;">Single Rate</th> <th style="text-align: left;">Double Rate</th> </tr> </thead> <tbody> <tr> <td>Single / Double</td> <td><input type="checkbox"/> \$225</td> <td><input type="checkbox"/> \$245</td> </tr> <tr> <td>Executive Level</td> <td><input type="checkbox"/> \$265</td> <td><input type="checkbox"/> \$285</td> </tr> <tr> <td colspan="2">Triples \$319 _____</td> <td>Quads \$329 _____</td> </tr> </tbody> </table>	Room Type	Single Rate	Double Rate	Single / Double	<input type="checkbox"/> \$225	<input type="checkbox"/> \$245	Executive Level	<input type="checkbox"/> \$265	<input type="checkbox"/> \$285	Triples \$319 _____		Quads \$329 _____
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Triples \$319 _____		Quads \$329 _____											

Arrival Date _____ and Departure Date _____ Check In Time is 3:00pm & Check Out Time is 12:00 Noon All Guest Room Rates are quoted net, non-commissionable & are exclusive of state & local taxes, fees & assessments of 13.5% The Hilton Baltimore will charge an Early Check Out Fee of \$50 unless you advise them of your revised date when you check in.
