

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	By April 1	After April 1	Category & Fees	By April 1	After April 1
<input type="checkbox"/> ASAIO Member	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450	<input type="checkbox"/> Pre-Doctoral Student	<input type="checkbox"/> \$85	<input type="checkbox"/> \$95
<input type="checkbox"/> Guest Non-Member	<input type="checkbox"/> \$620	<input type="checkbox"/> \$695	<input type="checkbox"/> Post-Doctoral Fellow	<input type="checkbox"/> \$85	<input type="checkbox"/> \$95
<input type="checkbox"/> Nurse, Tech, Perfusionist, Fed Govt USA NIH FDA	<input type="checkbox"/> \$190	<input type="checkbox"/> \$220	<input type="checkbox"/> CME Fee <input type="checkbox"/> \$25		
<input type="checkbox"/> Exhibitor – One Complimentary Full Registrations 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
ASAIO ^{fyi} Assistant Professor / Young Researcher	<input type="checkbox"/> \$160 North America	<input type="checkbox"/> \$180 Other Continents
ASAIO ^{fyi} 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 have made my own reservation at the Hilton Baltimore Or <input type="checkbox"/> I am staying at the _____ hotel Or <input type="checkbox"/> I do not need a reservation	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 _____	

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.
