



INTERNATIONAL STROKE conference 2010

Nursing Symposium: February 23
Sessions: February 24-26
Exhibits: February 24-25
San Antonio, Texas
strokeconference.org

Return by Fax to: (508) 759-4552
Return by Mail to: Convention Data Services
International Stroke Conference
107 Waterhouse Road
Bourne, MA 02532
Customer Service: (508) 743-8517; (800) 748-3583

Cancellation Policy: CDS must receive written notice by Jan. 29. All cancellations will be charged a \$50 processing fee. No refunds will be issued until 7-15 days post event.

Section 1: Name & Address

Prefix First MI Last Suffix
Nickname for badge Title
Hospital/Institution This is a University/Teaching Facility Community Facility
Street address This is a: Business Home
Zip/Postal Code City State/Province Country
Phone Fax
E-mail (mandatory)
 Are you a Young Investigator? Remove my name from Stroke Conference mailing lists rented from AHA. Do not send me Stroke Conference-related e-mails.
For emergencies, please contact (mandatory): First Last Phone

Section 2: Guest Information

Prefix First MI Last Suffix
E-mail (mandatory)
Guest Badges allow access to Exhibit Hall Only (Feb. 24-25). Guest must be a family member or a spouse, not in an industry-related position.
K Guest Badge **On or before Jan. 29 (\$100)** **After Jan. 29 (\$200)**

Section 3: Badge Classification

Your registration will not be processed if both Primary and Secondary Classification are not completed.

PRIMARY CLASSIFICATION

- A Physician
- B Research Scientist
- C Physician Assistant
- D Pharmacist
- E CPHQ
- F Respiratory Therapist
- G Physical Therapist
- H Occupational Therapist

- I Registered Dietitian
- J Other Healthcare Professional
- K Non Healthcare Professional
- L Administrator

- M Nurse
- N Nurse Practitioner
- O EMT/Paramedic
- P Technician/Technologist

SECONDARY CLASSIFICATION

- A Student/Trainee
- B Early Career
- C Other

Section 4: Conference Registration

Stroke Nursing Symposium and *Stroke* journal pre-con: As Stroke Turns 40, can not be selected together, however either can be selected with the Stroke Conference.

Please check your member level below:	Stroke Conference Feb. 24-26 Please check one.		Stroke Nursing Symposium Feb. 23 Please check one.		Stroke journal pre-con: As Stroke Turns 40 Feb. 22-23 Please check one.	
	On or before Jan. 29	After Jan. 29	On or before Jan. 29	After Jan. 29	On or before Jan. 29	After Jan. 29
AA Premium Professional Plus Member	\$490	\$590	\$100	\$200	\$250	\$250
A Premium Professional Member	\$490	\$590	\$100	\$200	\$250	\$250
B General Professional Member	\$790	\$890	\$100	\$200	\$250	\$250
C Premium Emeritus Member	\$75	\$175	\$100	\$200	\$250	\$250
D Early Career Member	\$490	\$590	\$100	\$200	\$250	\$250
ES Nurse Premium Professional Plus Member	\$305	\$405	\$100	\$200	\$250	\$250
E Nurse Premium Professional Member	\$305	\$405	\$100	\$200	\$250	\$250
F Nurse General Professional Member	\$325	\$425	\$100	\$200	\$250	\$250
G Student/Trainee Member	\$290	\$390	\$100	\$200	\$250	\$250
HS EMT/Paramedic Premium Professional Plus Member	\$305	\$405	\$100	\$200	\$250	\$250
H EMT/Paramedic Premium Professional Member	\$305	\$405	\$100	\$200	\$250	\$250
I EMT/Paramedic General Professional Member	\$325	\$425	\$100	\$200	\$250	\$250
J Technician	\$290	\$390	\$100	\$200	\$250	\$250

1 Day Only - Does not include Stroke Nursing Symposium or *Stroke* journal pre-con: As Stroke Turns 40.

Stroke Conference (Please check one day and dollar amount.)

1 Day options cannot be combined.

On or before Jan. 29 After Jan. 29

Wednesday \$275 \$375

Thursday \$275 \$375

Friday \$200 \$300

Stroke Conference: \$

Stroke Nursing Symposium: \$

Stroke journal pre-con: \$

Stroke Conference 1 Day Only: \$

Section 4 Registration Total: \$

Section 5: Additional Events to Purchase

Please check the events you would like to purchase.

All are boxed lunches.

\$20 Nursing/Rehab. Professionals Luncheon (Wednesday, Feb. 24)

Fellow and Early Career Luncheons (Open ONLY to Students and Early Career Registrants.)

\$10 Wednesday, Feb. 24

\$10 Thursday, Feb. 25

Special Meal Request:

- Kosher
- Vegetarian
- Vegan

Section 5

Event Total: \$

Section 6: Ethnicity

Completion of this section is voluntary. The information provided will not be used for any purpose other than to provide AHA with statistical information about the level of participation by women and minorities. The association seeks to broaden the involvement of women and minorities.

A Alaska Native

B Native American

C Asian

D Black

MALE

E Caucasian

F Hispanic

G Pacific Islander

H Other

FEMALE

Do Not Wish to Disclose

Section 7: Profile

Your registration will not be processed if this section is not completed.

1. List Percent of Time Spent

- A % Administration
- B % Patient Care
- C % Research
- D % Teaching
- E % In Training
- F % Other

If "Other", please specify below.

2. Check Major Specialty

- Administration
- Allergy and Immunology
- Anatomy
- Anesthesiology
- Arteriosclerosis
- Behavioral Medicine/Sciences
- Biochemistry
- Biological Sciences
- Biophysics
- Cardiology: Clinical EP
- Cardiology: CV Radiology
- Cardiology: Echocardiography
- Cardiology: General Cardiology
- Cardiology: Heart Failure
- Cardiology: Imaging
- Cardiology: Interventional
- Cardiology: Pediatric

- Cardiology: Prevention
- Cardiology: Transplantation
- Cell Biology
- Chemistry
- Clinical Pharmacology
- Critical Care/Intensive Care
- Diabetes and Metabolism
- Dietetics
- Emergency Medicine
- Endocrinology
- Epidemiology
- Family Practice
- Genetics
- Gerontology
- Hematology
- Hypertension
- Infectious Diseases
- Internal Medicine

- Interventional Radiology
- Microbiology
- Molecular Biology
- Nephrology
- Neuro/Neurosci: Imaging
- Neuro/Neurosci: Radiology
- Neuro/Neurosci: Spch-Lang Path
- Neuro/Neurosci: Stroke
- Neuro/Neurosci: Surgery
- Nuclear Medicine
- Nutrition
- Obstetrics and Gynecology
- Occupational Health
- Occupational Therapy
- Pathology
- Pediatrics
- Pharmaceutical Industry
- Pharmacology

- Pharmacy
- Physiology
- Psychiatry
- Pulmonary Medicine
- Radiology
- Rehab/Exercise: Cardiac
- Rehab/Exercise: Physiology
- Rehab/Exercise: PT
- Rehab/Exercise:/Rehab Med
- Rehab/Exercise: Stroke
- Surgery: Cardio-Thoracic
- Surgery: General Surgery
- Surgery: Trauma Surgery
- Surgery: Vascular Surgery
- Thrombosis
- Vascular Medicine
- Other (Please Specify Below):

3. Yes, I am attending the AANS/CNS Cerebrovascular Section Annual Meeting (Feb. 22-23).

No, I am not attending the AANS/CNS Cerebrovascular Section Annual Meeting (Feb. 22-23).

Section 8: Payment & Authorization

Please mark payment method. Credit cards will be charged immediately.

If the AHA membership data conflicts with the information indicated on this form, we will automatically adjust your registration and you will be charged accordingly.

Section 2 Total: \$
Section 4 Total: \$
Section 5 Total: \$
Service Charge: \$ 10 Required
Grand Total: \$

Check drawn on U.S. bank in U.S. dollars payable to American Heart Association.
 Discover Card American Express MasterCard VISA Diner's Club
Card number Exp. date
Name as it appears on card Cardholder Signature



Check here if you require special assistance to fully participate in the meetings.
 Yes; attached is a written description of requirements.