



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
N _____ Nonmember	_____ \$790	_____ \$890	_____ \$200	_____ \$300	_____ \$250	_____ \$250
DN _____ Early Career Nonmember	_____ \$790	_____ \$890	_____ \$200	_____ \$300	_____ \$250	_____ \$250
NN _____ Nurse Nonmember	_____ \$625	_____ \$725	_____ \$200	_____ \$300	_____ \$250	_____ \$250
GN _____ Student/Trainee Nonmember	_____ \$390	_____ \$490	_____ \$200	_____ \$300	_____ \$250	_____ \$250
EN _____ EMT/Paramedic Nonmember	_____ \$625	_____ \$725	_____ \$200	_____ \$300	_____ \$250	_____ \$250
JN _____ Technician Nonmember	_____ \$390	_____ \$490	_____ \$200	_____ \$300	_____ \$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	_____ \$375	_____ \$475
_____ Thursday	_____ \$375	_____ \$475
_____ Friday	_____ \$300	_____ \$400

Stroke Conference:	\$ _____
Stroke Nursing Symposium:	\$ _____
<i>Stroke</i> 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
 E _____ Caucasian
 F _____ Hispanic
 G _____ Pacific Islander
 H _____ Other _____

 MALE 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.

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).

2. Check Major Specialty

_____ Cardiology: Prevention
 _____ Administration
 _____ Cardiology: Transplantation
 _____ Allergy and Immunology
 _____ Cell Biology
 _____ Anatomy
 _____ Chemistry
 _____ Anesthesiology
 _____ Clinical Pharmacology
 _____ Arteriosclerosis
 _____ Critical Care/Intensive Care
 _____ Behavioral Medicine/Sciences
 _____ Diabetes and Metabolism
 _____ Biochemistry
 _____ Dietetics
 _____ Biological Sciences
 _____ Emergency Medicine
 _____ Biophysics
 _____ Endocrinology
 _____ Cardiology: Clinical EP
 _____ Epidemiology
 _____ Cardiology: CV Radiology
 _____ Family Practice
 _____ Cardiology: Echocardiography
 _____ Genetics
 _____ Cardiology: General Cardiology
 _____ Gerontology
 _____ Cardiology: Heart Failure
 _____ Hematology
 _____ Cardiology: Imaging
 _____ Hypertension
 _____ Cardiology: Interventional
 _____ Infectious Diseases
 _____ Cardiology: Pediatric
 _____ 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: Physiotherapy
 _____ 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)

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.