



**25th Annual ASATT
Educational Conference
October 9th - 11th, 2014**

Central reservations: 1-888-696-4806

Astor Crowne Plaza

739 Canal Street

New Orleans, LA 70130

Room rate: \$221.00 plus tax for Single/Double Room

Ask for the ASATT Annual meeting group code ATT

Prices guaranteed until September 8, 2014 or based on availability.

ASATT EIN #: 94-3016630

CONFERENCE REGISTRATION FORM

Registration Type	EarlyBird (Feb 1st - May 31st)*	(Jun 1st - Aug 15th)*	(Jun 16th - Sept 14)*	(Sept 15 - Oct 1st)*	After Aug 8 On Site Rates	Daily (Please circle day) Thurs/ Fri/ Sat	Amount
Member:*	\$250.00	\$300.00	\$350.00	\$400.00	\$500.00	\$250.00	
Member # or User ID: _____							
Non-Member:*	\$450.00	\$500.00	\$550.00	\$600.00	\$700.00	\$350.00	
Student	\$125.00	\$125.00	\$125.00	\$125.00	\$200.00		
Spouse/Guest:**	\$200.00	\$250.00	\$250.00	\$250.00	\$250.00		
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.

* 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.

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 August 15, 2014.

Cancellations made between August 16th, 2014 and September 16th, 2014 will be penalized 50% of the registration fee.

Cancellation made on or after September 17th, 2014 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.