



# REGISTRATION FORM

Order Your Post-Show 2013 Annual Assembly Audio DVD  
Now For \$189 (a savings of \$90)!

## ATTENDEE REGISTRATION

By completing the following, I acknowledge I have read and fully understand the cancellation and refund policies. \*Indicates a required field. Incomplete registration may be processed late.

### NAME BADGE INFORMATION

AAPM&R MEMBER ID# \_\_\_\_\_

\*FIRST NAME/GIVEN NAME \_\_\_\_\_ M.I. \_\_\_\_\_ \*LAST NAME/SURNAME \_\_\_\_\_ DEGREE(S) \_\_\_\_\_

\*NICKNAME OR PREFERRED FIRST NAME FOR BADGE \_\_\_\_\_

AFFILIATION OR COMPANY (IF APPLICABLE) \_\_\_\_\_

\*MAILING ADDRESS \_\_\_\_\_

\*CITY \_\_\_\_\_ \*STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_ \*ZIPCODE \_\_\_\_\_

\*TELEPHONE (INCLUDE THE AREA CODE) \_\_\_\_\_ EXTENSION \_\_\_\_\_ FAX (INCLUDE THE AREA CODE) \_\_\_\_\_

\*E-MAIL ADDRESS \_\_\_\_\_

## GUEST REGISTRATION

The fee is \$125 prior to August 5, and \$140 thereafter. "Guest" refers to a friend or spouse who is non-industry related. Guest registration fee includes entrance to the Welcome Reception, the President's Reception, the Exhibit Hall, and the Job Fair. (Guests are NOT eligible to receive CME credit.) Each registrant may only register one guest. Only an attendee may register a guest and may pick up a guest badge. (Note: Attendees may not register themselves as a guest.)

FIRST NAME/GIVEN NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME/SURNAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_

CHECK IF YOU OR YOUR GUEST REQUIRE SPECIAL ASSISTANCE. AAPM&R WILL CONTACT YOU TO DISCUSS YOUR SPECIFIC NEEDS.

CHECK IF YOU OR YOUR GUEST HAVE SPECIAL DIETARY NEEDS. AAPM&R WILL CONTACT YOU TO DISCUSS YOUR SPECIFIC NEEDS.

### In case of emergency onsite, contact: (REQUIRED BY ALL ATTENDEES. PLEASE PRINT CLEARLY.)

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

## METHOD OF PAYMENT

REGISTRATIONS WILL NOT BE PROCESSED OR CONFIRMED WITHOUT PAYMENT MADE IN FULL. PAYMENT MUST BE MADE IN US DOLLARS AND ACCOMPANY THIS REGISTRATION FORM.

ENCLOSED IS CHECK # \_\_\_\_\_ CHECKS MUST BE IN US FUNDS AND MADE PAYABLE TO AAPM&R.

CHARGE TO THE FOLLOWING:  AMERICAN EXPRESS  MASTERCARD  VISA

#### CARD NUMBERS

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

#### EXPIRATION DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_

BY SIGNING BELOW, I ACCEPT THE CHARGES I HAVE INDICATED ON THIS FORM. I HAVE READ AND FULLY UNDERSTAND THE CANCELLATION AND REFUND POLICIES.

NAME (PLEASE PRINT NAME AS IT APPEARS ON CARD)

SIGNATURE (REQUIRED FOR CREDIT CARD PAYMENT)

## PAYMENT INFORMATION

### SUBMIT YOUR REGISTRATION AND PAYMENT

FAX ALL PAGES OF THIS FORM TO: (847) 737-6149

Faxed registration must include CREDIT CARD PAYMENT information, VISA, MasterCard or American Express ONLY.

MAIL THIS FORM AND PAYMENT TO:

AAPM&R Annual Assembly Registration  
P.O. Box 95528  
Chicago, IL 60694-5528

NOTE: Mail sent to the P.O. Box can take up to two weeks to process.

Registration form must be postmarked or faxed to the Academy by September 6, 2013. After this date, you may register online or onsite.

## REGISTRATION FEES AND DEADLINES

### MEMBER FEES

**FULL REGISTRATION** Full registration includes entry to all educational sessions, Job Fair, Welcome Reception, President's Reception, Technical Exhibit Hall and a CD-ROM of course handouts. This excludes ticketed workshops. Tickets must be purchased separately.

Early-Bird Deadline  
August 5, 2013

After August 5, 2013

**AAPM&R, AHA, AMRPA, ISPRM**

\$620

\$720

\$

**Senior Member/Past President**

FREE

FREE

\$

**Associate Fellow and One Year Post Residency** Includes Resident and Fellow Town Hall Meeting, Job Fair, Welcome Reception, President's Reception and Exhibit Hall.

\$220

\$255

\$

**Resident** Includes Resident sessions on Wednesday and Thursday, Resident and Fellow Town Hall Meeting, Residents' Reception, Job Fair, Welcome Reception, President's Reception, and Exhibit Hall.

\$220

\$255

\$

**Medical Student** Includes Residents' Reception.

\$75

\$75

\$

**SINGLE DAY REGISTRATION** (workshops are additional)  Thursday  Friday  Saturday

\$375

\$425

\$

**AAPM&R MEMBERS SAVE \$310 ON ANNUAL ASSEMBLY REGISTRATION!** Plus, enjoy continuing education discounts on acadeME,<sup>®</sup> unlimited access to PhyszForum, as well as complimentary subscriptions to PM&R and *The Physiatrist*. Become an Academy member and experience the many savings and benefits of the AAPM&R community! Go to [www.aapmr.org](http://www.aapmr.org) to download a membership application today, or call (847) 737-6000 and a Customer Service Representative will be happy to assist you.

### NON-MEMBER FEES

**FULL REGISTRATION** Full registration includes entry to all educational sessions, Job Fair, Welcome Reception, President's Reception, Technical Exhibit Hall and a CD-ROM of course handouts. This excludes ticketed workshops. Tickets must be purchased separately.

Early-Bird Deadline  
August 5, 2013

After August 5, 2013

**Physiatrist**

\$930

\$1030

\$

**Resident** Includes resident sessions Wednesday and Thursday, Resident and Fellow Town Hall Meeting, Residents' Reception, Job Fair, Welcome Reception, President's Reception, Exhibit Hall. **[Non-members must have their director or department head complete, on letterhead, a statement advising of their resident status. The statement must be included with this registration or will not be processed.]**

\$295

\$330

\$

**Associate Fellow** Includes Resident and Fellow Town Hall Meeting, Job Fair, Welcome Reception, President's Reception and Exhibit Hall.

\$295

\$330

\$

**Medical Student**

Includes Residents' Reception. Nonmembers must provide a copy of their transcript with this registration.

\$100

\$100

\$

**Physician Extender (PE) of Attending Academy Member**

This includes: physical assistant, nurse practitioner, clinical nurse specialist, physical therapist, occupational therapist. (PEs are NOT eligible to receive CME credit and cannot register for workshops.) Academy Member must be registered for the meeting—and his/her name provided.

\$620

\$720

\$

Member Name: \_\_\_\_\_

**Industry Representative**

Are you an industry Representative? YES  NO

Employed by or serve as a primary consultant for a "company\*" as defined below? YES  NO

\*A "company" is a for-profit entity that develops, produces, markets, or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. (Definition taken from the Council for Medical Specialty Societies, Code for Interactions with Companies.)

\$930

\$1030

\$

**SINGLE DAY REGISTRATION** (workshops are additional)  Thursday  Friday  Saturday

\$565

\$640

\$

**(THIS SIDE) TOTAL**

\$

## REGISTRATION FEES AND DEADLINES CONTINUED

**GUEST REGISTRATION** One (1) guest per registrant permitted.

Before 8/5  \$125 After 8/5  \$140 \$

**CHILDREN REGISTRATION** Children under age 5—free; Ages 5 and up—\$20 per child. Please review the child and infant policy found in the *Preliminary Program* or online at [www.aapmr.org/assembly](http://www.aapmr.org/assembly).

# of tickets X \_\_\_\_\_ \$20 per child \$

**FOUNDATION FOR PM&R: REHAB 5K RUN/WALK** Saturday, October 5, 2013. Additional information will be sent to you prior to the event.

\$25 registration fee  
 \$15 resident fee \$

**WHO WANTS TO BE A MILLIONAIRE ELECTROMYOGRAPHER?** Saturday, October 5, 2013

# of tickets X \_\_\_\_\_ \$30 per ticket \$

**WORKSHOP REGISTRATION** Registrants may pre-register for up to three (3) hands-on 90 minute workshops. Workshop numbers and descriptions are listed online at [www.aapmr.org](http://www.aapmr.org). Rank your choices, using workshop numbers, in order of your preference. Workshops will be assigned to you on a first-come, first served basis.

Before  
August 5, 2013

After  
August 5, 2013

**WORKSHOP SERIES** Workshops W202 and W203 are a workshops series, and attendees must register for both to participate in this series.

The registration fee for a series is \$130 for early registration and \$160 after the early-bird. The series counts for one (1) workshop out of the three (3) you may pre-register for.

I am registering for ONE workshop  I am registering for TWO workshops  I am registering for THREE workshops

# of tickets x \$65

# of tickets x \$80

### WORKSHOP SERIES PRICING

# of tickets x \$130

# of tickets x \$160

\$

1ST CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_ 5TH CHOICE \_\_\_\_\_  
2ND CHOICE \_\_\_\_\_ 4TH CHOICE \_\_\_\_\_ 6TH CHOICE \_\_\_\_\_

**NEW! 180-MINUTE INTENSIVE WORKSHOPS REGISTRATION** Registrants must be registered for the Annual Assembly for the day of your intensive workshop selection. Registration for the intensive ultrasound workshops is on a first-come, first-served basis and does not affect your ability to register for 90-minute workshops as described above. You may register for any of the three 180-minute ultrasound workshops. Select the intensive workshop(s) that is right for you, space is limited!

Thursday, October 3: 2 pm–4 pm Ultrasound Intensive—Focal Neuropathies and Pain

\$150

\$165

Friday, October 4: 2:30 pm–5:30 pm Ultrasound Intensive—Sports and Musculoskeletal Medicine

\$150

\$165

Saturday, October 5: 2:30 pm–5:30 pm Ultrasound Intensive—Chemodenervation in Neuromuscular Medicine

\$150

\$165

\*Note that you must be registered to attend the Annual Assembly on the day of the intensive workshop.

\$

### PRECONFERENCE COURSES

**CODING AND BILLING WORKSHOP** OCTOBER 1–2, 2013

Before August 5, 2013  
Member Rate

Before August 5, 2013  
Non-Member Rate

After August 5, 2013  
Member Rate

After August 5, 2013  
Non-Member Rate

Physicians

\$435

\$630

\$485

\$680

Non-Physician

N/A

\$630

N/A

\$680

Associate Fellow/Residents/Medical Students

\$155

\$235

\$205

\$285

Office Staff/Physician Extender

N/A

\$405

N/A

\$455

### INTRODUCTION TO DIAGNOSTIC AND INTERVENTIONAL

**ULTRASOUND APPLICATIONS IN PHYSIATRY** OCTOBER 1–2, 2013

\$995

\$1470

\$995

\$1470

**PM&R ON CAPITOL HILL** OCTOBER 2, 2013 Registration for this event closes July 12, 2013.

Yes, I plan to participate.

**(THIS SIDE) TOTAL**

\$

Please provide the 9-digit zipcode for your home address

\*(REQUIRED)

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### GRAND TOTAL (PAGES 2 & 3)

ANNUAL ASSEMBLY REGISTRATION: \$ .....

GUEST FEE: \$ .....

CHILDREN FEES: \$ .....

FOUNDATION 5K RUN/WALK \$ .....

WHO WANTS TO BE A MILLIONAIRE ELECTROMYOGRAPHER?: \$ .....

WORKSHOP(S) REGISTRATION \$ .....

PRECONFERENCE COURSES: \$ .....

POST-SHOW AUDIO DVD: \$ .....

**GRAND TOTAL: \$ .....**

Method of Payment from page 1 of Registration Form must be completed and submitted with all pages of the Registration Form.

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