



TraumaSource

The American Association for the Surgery of Trauma

2017 AAST Corporate Representative Registration Form

Registrant Information

First Name Middle Initial Last Name Degree

Company

Address

City State/Province Zip/Postal Code

Phone Fax

E-Mail

Pre-Meeting Emergency Contact Information:

Please let us know the best method to reach you prior to the meeting in case of an emergency, i.e. natural disaster, meeting cancellation, etc.

☐ Mobile Email (Provide if Differs from Above): _____

☐ Mobile Phone: _____

☐ Home Phone: _____

Registration Fee

Corporate Representative: \$1500

The AAST strictly prohibits the solicitation and distribution of products and equipment at the AAST Annual Meeting in educational sessions or in the main foyer near educational sessions from 7:30 am to 5:00 pm Wednesday - Friday and 8:00 am – 12:00 pm on Saturday. All company products and equipment business MUST be conducted in the exhibit hall area with official exhibitors to the AAST Annual Meeting. Non-exhibiting company personnel are prohibited from soliciting AAST attendees at any time during the meeting. Please report any unauthorized solicitation to AAST staff immediately.

Payment Information

☐ Check – made payable to AAST. *Checks must be in U.S. Dollars drawn on a U.S. bank.*

☐ American Express ☐ MasterCard ☐ Visa

Card Number: _____ Exp. Date: _____

Authorized Signature: _____

Send completed form by one of the following methods: • Email: registration@facs.org • Fax: 312-202-5003
• Mail: AAST Registration Office, c/o American College of Surgeons, 633 N. Saint Clair, Chicago, IL 60611