

2018 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.			
<input type="checkbox"/> Mobile Email (Provide if Differs from Above): _____			
<input type="checkbox"/> Mobile Phone: _____			
<input type="checkbox"/> 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

<input type="checkbox"/> Check – made payable to AAST. <i>Checks must be in U.S. Dollars drawn on a U.S. bank.</i>	
<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Visa	
Card Number: _____	Exp. Date: _____
Authorized Signature: _____	