

MEETING REGISTRATION FORM

FIRST NAME		MIDDLE INITIAL		LAST NAME			
STREET ADDRESS		CITY		STATE		ZIP	
EMAIL				PROFFERED PHONE			
MEDICAL SCHOOL				YEAR OF GRADUATION			

NORTH AMERICAN PHYSICIANS

THE REGISTRANT MUST BE AN ACTIVE APPNA MEMBER IF THEY ARE A US/CANADA BASED PHYSICIAN.
IF YOU HAVE NOT RENEWED FOR 2017 THIS FEE (\$125) WILL BE AUTOMATICALLY ADDED & CHARGED TO YOUR REGISTRATION TOTAL.

PAKISTAN BASED PHYSICIANS

IF YOU ARE INTERESTED IN ATTENDING CME PLEASE EMAIL REQUEST TO AIMCONDEC2017@GMAIL.COM WITH COPY TO PROF. AMTULLAH ZAREEN (AIMC) AT AZ30B@YAHOO.COM.

ALL OTHER INTERNATIONALLY BASED PHYSICIANS

PLEASE COMPLETE THIS FORM AND EMAIL TO MEETINGS@APPNA.ORG
YOU WILL NOT BE ABLE TO REGISTER ONLINE.

TYPE	QTY	BY 12/10/17	ONSITE & AFTER 12/10/17	TOTAL
REGISTRATION FEE & ONE BANQUET TICKET <i>ALL REGISTRANTS, INCLUDING LIFETIME MEMBERS</i>	1	\$150.00	\$200.00	
APPNA ANNUAL MEMBERSHIP		\$125.00	\$125.00	
CME		\$225.00	\$275.00	
ADDITIONAL BANQUET TICKETS		\$50.00	\$75.00	
LAHORE CITY TOUR	12/24/2017	\$50.00	\$50.00	
TOTAL				\$ _____

HOTEL INFORMATION

PLEASE CONTACT THE HOTEL CONTACT PERSON DIRECTLY FOR BOOKING ROOMS.
PLEASE DO NOT CALL APPNA OFFICE REGARDING HOTEL BOOKINGS/CANCELATIONS.

ADDRESS	PEARL CONTINENTAL LAHORE SHARA-E-QUAID-E-AZAM	CONTACT		MOBILE	+92 3018455036
		RABIA ISHAQ		OFFICE	+92 42 3636 0210
		EMAIL	RABIA.ISHAQ@PCHOTELS.COM		ex: 2696

QUESTIONS?

DURING NORMAL OFFICE HOURS		KAROLINA 630-968-8585 EX: 106
MONDAY – FRIDAY	9 A.M. – 5 P.M CST	
AFTER HOURS		MEETINGS@APPNA.ORG
WINTER MEETING CHAIR		DR. ATIQUE MIRZA ATIQUE@YAHOO.COM

PLEASE CONTINUE TO PAGE 2 FOR PAYMENT

CANCELATION & REFUND POLICY

COMPLETE CANCELATION BEFORE 11/24/17	FULL REFUND LESS \$100 CANCELATION FEE.	COMPLETE CANCELATION AFTER 11/24/17	NO REFUNDS.
REFUNDS/EXCHANGES	ABSOLUTELY NO REFUNDS OR EXCHANGES ON INDIVIDUAL TICKETS. PLEASE MAKE SURE YOU ARE PURCHASING TICKETS TO THE CORRECT EVENTS.		
LOST TICKETS	APPNA IS NOT RESPONSIBLE FOR ANY LOST TICKETS. TICKETS ARE THE RESPONSIBILITY OF THE TICKET HOLDER/REGISTRANT. LOST TICKETS WILL NOT BE REPLACED FOR ANY REASON.		

ACKNOWLEDGMENTS

HAVING SIGNED, I CONFIRM THAT I UNDERSTAND AND ACCEPTED ALL POLICIES, DISCLAIMERS, ACKNOWLEDGMENTS, AND MONETARY CHARGES STEMMING FROM THIS REGISTRATION.

PROCESSING FEE

A 3% NON-REFUNDABLE PROCESSING CHARGE WILL BE AUTOMATICALLY ADDED TO ALL CREDIT & DEBIT CARD TRANSACTIONS.

CONFIRMATION

REGISTRATION CONFIRMATIONS WILL BE SENT TO THE EMAIL ADDRESS YOU PROVIDE.
REGISTRATIONS MISSING PAYMENT INFORMATION & SIGNATURE WILL NOT BE PROCESSED

SIGNATURE REQUIRED

REGISTRATIONS WILL NOT BE PROCESSED WITHOUT SIGNATURE

PAYMENT

PROCESSING FEE	A 3% NON-REFUNDABLE PROCESSING CHARGE WILL BE AUTOMATICALLY ADDED TO ALL CREDIT & DEBIT CARD TRANSACTIONS.
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TOTAL DUE

\$ _____

CREDIT CARD PAYMENT

PLEASE SUBMIT CREDIT CARD PAYMENT FORM VIA:	EMAIL	MEETINGS@APPNA.ORG	FAX	630-968-8677
MASTERCARD	DISCOVER	VISA	AMEX	
CARD HOLDER NAME	_____			
CARD NUMBER	_____			
EXPIRY DATE	_____	CVV	_____	BILLING ZIP CODE
CARD HOLDER SIGNATURE REQUIRED	_____			

CHECK PAYMENT

SUBMITTING INSTRUCTIONS:	PLEASE MAKE CHECK PAYABLE TO "APPNA" WITH MEMO "WINTER MEETING 2017". COMPLETED FORM MUST BE MAILED WITH CHECK.		
CHECK NUMBER	_____	MAILING ADDRESS	APPNA 6414 S. Cass Ave Westmont, IL 60559