

MEETING REGISTRATION FORM

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

TYPE	QTY	BY 12/10/17	TOTAL
KEMCAANA FRIDAY DINNER CRUISE		\$110.00	
SATURDAY BANQUET & ENTERTAINMENT		\$120.00	
CME 2 CREDIT HOURS		\$100.00	
TOTAL			\$ _____

HOTEL INFORMATION

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

ADDRESS	HYATT REGENCY 400 SE SECOND AVENUE MIAMI, FL	PHONE	305-358-1234
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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

CANCELATION & REFUND POLICY

CANCELLATION POLICY	FULL REFUNDS LESS \$50 CANCELLATION FEE BEFORE 01/07/2017. <i>NO REFUNDS AFTER 01/07/2017.</i>
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 FEE 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

TOTAL DUE	\$ _____
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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