

APPNA SPRING MEETING 2018

CHICAGO, ILLINOIS

APRIL 26 – 29, 2018

REGISTRANT DETAILS

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

REGISTRATION

YOU MUST BE AN ACTIVE MEMBER TO REGISTER FOR THE MEETING. IF YOU ARE NOT AN ACTIVE MEMBER, YOU ARE REQUIRED TO PAY THE ANNUAL DUES IN ADDITION TO YOUR MEETING REGISTRATION FEE. ALL NON-LIFETIME MEMBERS ARE REQUIRED TO PAY THE MEETING REGISTRATION FEE.

TYPE		QTY	BEFORE 03/20/2018	AFTER 03/20/2018	TOTAL
REGISTRATION FEE	LIFETIME MEMBERS		WAIVED	WAIVED	---
	ANNUAL MEMBERS		\$100.00	\$125.00	
APPNA ANNUAL MEMBERSHIP			\$125.00	\$125.00	
CME	FIVE HOURS		\$250.00	\$300.00	
FRIDAY APPNA / JASMUAANA DINNER & ENTERTAINMENT			\$135.00	\$150.00	
SATURDAY BANQUET & ENTERTAINMENT			\$145.00	\$165.00	
SUNDAY BREAKFAST HALWA PURI			\$25.00	\$35.00	
TOTAL					\$ _____

HOTEL INFORMATION

DEADLINE TO BOOK ROOMS IS APRIL 4, 2018

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

ADDRESS		GROUP RATE	
CHICAGO MARRIOTT DOWNTOWN 540 NORTH MICHIGAN AVENUE CHICAGO, IL 60611		BEFORE 03/14/2018	\$199 + TAXES
		03/15/2018 – 04/04/2018	\$219 + TAXES
PHONE	877-303-0104 MENTION "APPNA"	ONLINE	rebrand.ly/SPRINGHOTEL

QUESTIONS?

DURING NORMAL OFFICE HOURS		KAROLINA 630-968-8585 EX: 106 MEETINGS@APPNA.ORG
MONDAY – FRIDAY	9 A.M. – 5 P.M CST	
AFTER HOURS		DR. AFTAB KHAN 1368KHAN@GMAIL.COM
SPRING MEETING CHAIR		

PLEASE CONTINUE TO PAGE 2 FOR PAYMENT

CANCELATION & REFUND POLICY**COMPLETE CANCELLATION
BEFORE 03/15/2018**REFUND OF TOTAL LESS \$100
CANCELLATION FEE.**NO REFUNDS AFTER 03/15/2018.
NO EXCEPTIONS.****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.**TOTAL DUE FROM PAGE 1:**

\$ _____

CREDIT CARD PAYMENTPLEASE 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 "SPRING MEETING 2018".
COMPLETED FORM MUST BE MAILED WITH CHECK.**CHECK
NUMBER**

**MAILING
ADDRESS**APPNA
6414 S. Cass Ave
Westmont, IL 60559