

APPNA SPRING MEETING 2018

CHICAGO, ILLINOIS

APRIL 26 – 29, 2018

REGISTRANT DETAILS

CANCELATION & REFUND POLICY

| | | | | | |
|----------------|--------------------|--------------|--|--|--|
| FIRST NAME | MIDDLE NAME | LAST NAME | COMPLETE CANCELLATION BEFORE 03/15/2018 | REFUND OF TOTAL LESS \$100 CANCELLATION FEE. | NO REFUNDS AFTER 03/15/2018. NO EXCEPTIONS. |
| STREET ADDRESS | CITY | STATE | ZIP | REFUNDS/EXCHANGES | ABSOLUTELY NO REFUNDS OR EXCHANGES ON INDIVIDUAL TICKETS. PLEASE MAKE SURE YOU ARE PURCHASING TICKETS TO THE CORRECT EVENTS. |
| EMAIL | PREFERRED PHONE | 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. | | |
| MEDICAL SCHOOL | YEAR OF GRADUATION | | | | |

REGISTRATION

ACKNOWLEDGMENTS

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.

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

| TYPE | QTY | BEFORE 03/20/2018 | AFTER 03/20/2018 | TOTAL | PROCESSING FEE |
|---|------------------|-------------------|------------------|-------|---|
| REGISTRATION FEE | LIFETIME MEMBERS | WAIVED | WAIVED | --- | A 3% NON-REFUNDABLE PROCESSING CHARGE WILL BE AUTOMATICALLY ADDED TO ALL CREDIT & DEBIT CARD TRANSACTIONS. |
| | ANNUAL MEMBERS | \$100.00 | \$125.00 | | |
| APPNA ANNUAL MEMBERSHIP | | \$125.00 | \$125.00 | | SIGNATURE REQUIRED REGISTRATIONS WILL NOT BE PROCESSED WITHOUT SIGNATURE |
| CME | FOUR HOURS | \$250.00 | \$300.00 | | |
| FRIDAY APPNA / JASMUAANA / PPS DINNER & ENTERTAINMENT | | \$135.00 | \$150.00 | | |
| FRIDAY KHYBER ALUMNI DINNER BANQUET | | \$135.00 | \$150.00 | | |
| SATURDAY BANQUET & ENTERTAINMENT | | \$145.00 | \$165.00 | | |
| SUNDAY BREAKFAST HALWA PURI | | \$25.00 | \$35.00 | | PROCESSING FEE A 3% NON-REFUNDABLE PROCESSING CHARGE WILL BE AUTOMATICALLY ADDED TO ALL CREDIT & DEBIT CARD TRANSACTIONS. |

TOTAL \$ _____

PLEASE SUBMIT CREDIT CARD PAYMENT FORM VIA:

| | | | | | |
|---|---|------------|--|------|--------------|
| HOTEL INFORMATION | DEADLINE TO BOOK ROOMS IS APRIL 4, 2018 | EMAIL | MEETINGS@APPNA.ORG | FAX | 630-968-8677 |
| PLEASE CONTACT THE HOTEL CONTACT PERSON DIRECTLY FOR BOOKING ROOMS. PLEASE DO NOT CALL APPNA OFFICE REGARDING HOTEL BOOKINGS/CANCELATIONS. | | MASTERCARD | VISA | AMEX | DISCOVER |

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

QUESTIONS?

CHECK PAYMENT

| | | | | |
|----------------------------|--------------------------------------|--------------------------|---------------|--|
| DURING NORMAL OFFICE HOURS | KAROLINA 630-968-8585 EX: 106 | SUBMITTING INSTRUCTIONS: | | PLEASE MAKE CHECK PAYABLE TO "APPNA" WITH MEMO "SPRING MEETING 2018 REGISTRATION". COMPLETED FORM MUST BE MAILED WITH CHECK. |
| MONDAY – FRIDAY | 9 A.M. – 5 P.M CST | CHECK NUMBER | _____ | MAILING ADDRESS |
| AFTER HOURS | MEETINGS@APPNA.ORG | | | APPNA 6414 S. Cass Ave Westmont, IL 60559 |
| SPRING MEETING CHAIR | DR. AFTAB KHAN 1368KHAN@GMAIL.COM | OFFICE USE ONLY | PROCESSED ON: | ____ / ____ / ____ |