

REGISTRANT DETAILS						ACKNOWLEDGMENT OF POLICIES					
FIRST NAME		MIDDLE NAME		LAST NAME		NO REFUNDS OR EXCHANGES ON INDIVIDUAL TICKETS. PLEASE MAKE SURE YOU ARE PURCHASING TICKETS TO THE CORRECT EVENTS. 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. HAVING SIGNED, I CONFIRM THAT I UNDERSTAND AND ACCEPTED ALL POLICIES, DISCLAIMERS, ACKNOWLEDGMENTS, AND MONETARY CHARGES STEMMING FROM THIS REGISTRATION.					
STREET		CITY		STATE						ZIP CODE	
EMAIL				MOBILE PHONE							
MEDICAL SCHOOL				GRADUATION YEAR							
TICKETS & EVENTS <i>PRICES ARE PER PERSON. ALL INDIVIDUALS REQUIRE A TICKET TO ENTER EVENTS, INCLUDING YOUNG CHILDREN.</i>						CANCELLATION POLICY					
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.						BEFORE 05/15/2018		75% REFUND			
						05/15/2018 – 06/15/2018		50% REFUND			
						NO REFUNDS AFTER 06/15/2018, NO EXCEPTIONS					
						HOTEL INFORMATION					
						ADDRESS		HILTON ANATOLE 2201 N. STEMMONS FREEWAY DALLAS, TEXAS			
						PHONE		214-748-1200	GROUP CODE A-APP16		
						ROOM RATE		\$149 + \$25 RESORT FEE + TAX			
						DEADLINE		06/27/2018			
						A NON-REFUNDABLE DEPOSIT OF ONE NIGHT'S ROOM AND TAX WILL BE CHARGED FOR ALL RESERVATIONS					
						CREDIT CARD PAYMENT A 3% NON-REFUNDABLE PROCESSING CHARGE WILL BE AUTOMATICALLY ADDED TO ALL CREDIT & DEBIT CARD TRANSACTIONS.					
						PLEASE SUBMIT CREDIT CARD PAYMENT FORM VIA:					
						EMAIL	MEETINGS@APPNA.ORG	FAX	630.968.8677		
						AMEX	VISA	MC	DISCOVER		
						CARDHOLDER					
						CARD NUMBER					
						EXPIRY		CVV			
						SIGNATURE					
						CHECK PAYMENT					
						CHECK NUMBER		_____			
						MAIL TO:		APPNA 6414 SOUTH CASS AVENUE WESTMONT, IL 60559			
						COMPLETED FORM MUST BE MAILED WITH CHECK.					
						FOR APPNA OFFICE USE ONLY					
						TOTAL		\$ _____			
Child's meal will be provided during babysitting hours. Parents provide bottles, diapers, wipes, and change of clothes.						PROCESSED ON:		_____ / _____ / _____			
BABYSITTING INFO	CHILDREN(S) NAMES & AGES		#1	#2	#3						