



NANS 23RD Annual Meeting

JANUARY 23–26, 2020 • CAESARS PALACE • LAS VEGAS, NV

FOR DATA USE ONLY	
Cust# _____	Mtg Ord #1- _____
Date _____	_____

Please type or print clearly. Use a separate form for each registrant and duplicate as necessary.

Complete Name _____ First Name (for badge) _____

Medical Specialty _____ Credentials _____

Facility _____ Facility City/State _____

Mailing Address (required*) (Home Office) _____

City/State/ZIP _____

Phone (Home Office) _____ Fax (Home Office) _____

E-mail Address (required*) _____

*Electronic confirmation of your registration will be sent only to the e-mail address you provide here.

Emergency Contact _____ Daytime Phone _____ Evening Phone _____

To register, make your selections in the boxes below and indicate the total amount in box F.

Full Meeting Registration January 23–26, 2020			A
<i>Official meeting starts with Opening Reception (7–8:30 pm) on Thursday, January 23. If you do not wish to register for the full meeting, please move to Box B.</i>			
Member Rate	On or Before November 4, 2019	After November 4, 2019	
Physician	<input type="checkbox"/> \$680	<input type="checkbox"/> \$780	
Non-Physician	<input type="checkbox"/> \$430	<input type="checkbox"/> \$530	
Advanced Practice Provider	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	
Trainee ¹	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450	
Industry (Non-Exhibitor)	<input type="checkbox"/> \$720	<input type="checkbox"/> \$820	
Military	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	
Non-Member Rate			
Physician	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,200	
Non-Physician	<input type="checkbox"/> \$680	<input type="checkbox"/> \$780	
Advanced Practice Provider	<input type="checkbox"/> \$700	<input type="checkbox"/> \$800	
Trainee ¹	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695	
Industry (Non-Exhibitor)	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,200	
Military	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700	
Join NANS and Register ²	On or Before November 4, 2019	After November 4, 2019	
5-Year Physician	<input type="checkbox"/> \$2,090	<input type="checkbox"/> \$2,190	
Physician	<input type="checkbox"/> \$1,040	<input type="checkbox"/> \$1,140	
Non-Physician	<input type="checkbox"/> \$630	<input type="checkbox"/> \$730	
Advanced Practice Provider	<input type="checkbox"/> \$725	<input type="checkbox"/> \$825	
Trainee ¹	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500	
² Special offer includes registration and 1 year of membership with full benefits; including a subscription to <i>Neuromodulation, the journal of the International Neuromodulation Society.</i>			Subtotal A \$ _____

1-Day Meeting Registration (For registrants attending 1 day of the meeting only)			B
<i>Check which day you will attend</i>			
	<input type="checkbox"/> Friday Only	<input type="checkbox"/> Saturday Only	
Member Rate	On or Before November 4, 2019	After November 4, 2019	
Physician	<input type="checkbox"/> \$345	<input type="checkbox"/> \$445	
Non-Physician	<input type="checkbox"/> \$225	<input type="checkbox"/> \$325	
Advanced Practice Provider	<input type="checkbox"/> \$225	<input type="checkbox"/> \$325	
Trainee ¹	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	
Industry (Non-Exhibitor)	<input type="checkbox"/> \$375	<input type="checkbox"/> \$475	
Non-Member Rate			
Physician	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	
Non-Physician	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	
Advanced Practice Provider	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	
Trainee ¹	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	
Industry (Non-Exhibitor)	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700	
Subtotal B \$ _____			
<i>¹All nonmember residents/fellows/students currently enrolled in a training program need to attach a letter from their training program director or have their director sign the below statement. This does not apply for attendees who have been pre-approved for one of the pre-meeting workshops.</i>			
Program Director (Print Name) _____			
Program Director Signature _____ Date _____			
<i>I certify that the individual named above is a resident, fellow or student in a training program.</i>			

Special Sessions			C
<input type="checkbox"/> Residents and Fellows Exclusive Reception (RFBS)	<input type="checkbox"/> Residents and Fellows Job Fair (FAIR)	<input type="checkbox"/> Women in Neuromodulation Reception (WIN)	
Thursday, January 23, 8:30–11 pm	Friday, January 24, 5–6 pm	Friday, January 24, 6–7 pm	

Pre-Meeting Courses		D	
Thursday, January 23, 2020		On or Before November 4, 2019	After November 4, 2019
8 am–5 pm	Advanced Practice Provider Course (PAs, NPs, Nurses): A to Z in Neuromodulation (APP)	Member <input type="checkbox"/> \$145	Non-Member <input type="checkbox"/> \$195
8 am–5 pm	Controversies in Intrathecal Therapy (PUMP)	Member <input type="checkbox"/> \$145	Non-Member <input type="checkbox"/> \$195
8 am–5 pm	Engineering Principles of Spinal Cord Stimulation and Deep Brain Stimulation for Clinicians (ENGP)	Member <input type="checkbox"/> \$125	Non-Member <input type="checkbox"/> \$175
1–6 pm	Emerging Technology Forum (ETF)	Member <input type="checkbox"/> \$125	Non-Member <input type="checkbox"/> \$175
1–5 pm	Introduction to Intraoperative Neuromonitoring for Spinal Cord Stimulation (IONM)*	Member <input type="checkbox"/> \$100	Non-Member <input type="checkbox"/> \$150
8:30 am–4:30 pm	Professional Development Workshop (LDR)	Member <input type="checkbox"/> \$125	Non-Member <input type="checkbox"/> \$175
8 am–12 pm	Spinal Cord Stimulation Programming: Basics, Science, Coding (SCS)*	Member <input type="checkbox"/> \$100	Non-Member <input type="checkbox"/> \$150
8 am–5 pm	*Introduction to Intraoperative Neuromonitoring for Spinal Cord Stimulation and Spinal Cord Stimulation Programming: Basics, Science, Coding (Discounted rate if registered for both courses)	Member <input type="checkbox"/> \$150	Non-Member <input type="checkbox"/> \$200
Subtotal D \$ _____			

Ways to Register

Online*: www.neuromodulation.org

Mail: NANS Meeting, PO Box 3781, Oak Brook, IL 60522

Phone*: 847.375.4714

Fax: 847.375.6492

**Credit card payment only. If payment does not accompany this form, your registration will not be processed.*

Cancellation Policy

All cancellations must be made in writing prior to **January 9, 2020**, in order to receive a full refund less a \$100 processing fee. Refunds will not be made under any circumstances on cancellations received after January 9, 2020. NANS reserves the right to substitute faculty or to cancel or reschedule sessions due to low enrollment or other unforeseen circumstances. If NANS must cancel the entire meeting, registrants will receive a full credit or refund of their paid registration fee. No refunds can be made for lodging, airfare, or any other expenses related to attending the meeting.



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Guest Registration E

An attendee can bring ONE guest to the meeting. Guest registration is only for family and spouses and does not include access to sessions. Guests cannot earn CME credits nor can they attend or register in advance for pre-meeting courses. A guest registration only includes entrance to the exhibit hall and opening reception on Thursday, January 23.

Guest Full Name: _____

First Name (for badge): _____

City / State: _____

Guest's Email Address: _____

\$50 **Subtotal E \$** _____

Special Requests

This is my first NANS meeting.

I will need a vegetarian meal.

I would like more information about NANS membership.

I do not wish to have my name and contact information included in the printed attendee list.

Total Amount Due F

Please review your registration form prior to completing this box.

Total Amount Due (A or B) + D + E = \$ _____

Payment

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> Check (enclosed) – Payable to NANS
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A \$25 charge will apply if rebilling of the credit card is necessary.
If you fax this form, please do not mail the original.

Checks not in U.S. funds will be returned. A charge of \$20 will apply to checks returned for insufficient funds.

Account Number: _____

Expiration Date: _____

Card Holder's Name (Please Print): _____

Signature: _____

I authorize NANS to charge the above listed card amounts reasonably deemed by NANS to be accurate and appropriate.