



# NANS 21<sup>st</sup> ANNUAL MEETING

January 11–14, 2018 • 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) \_\_\_\_\_ Credentials \_\_\_\_\_

Medical Specialty (required\*) \_\_\_\_\_

Facility \_\_\_\_\_ Facility City/State \_\_\_\_\_

Mailing Address (  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 11–14, 2018 A		
	On or before 12/08/17	After 12/08/17
	Member/Nonmember	Member/Nonmember
Physician	<input type="radio"/> \$595 <input type="radio"/> \$1,000	<input type="radio"/> \$695 <input type="radio"/> \$1,100
Nonphysician Clinician	<input type="radio"/> \$410 <input type="radio"/> \$650	<input type="radio"/> \$510 <input type="radio"/> \$750
Advanced Practitioner	<input type="radio"/> \$450 <input type="radio"/> \$695	<input type="radio"/> \$550 <input type="radio"/> \$795
Trainee <sup>1</sup>	<input type="radio"/> \$325 <input type="radio"/> \$595	<input type="radio"/> \$425 <input type="radio"/> \$695
Industry	<input type="radio"/> \$650 <input type="radio"/> \$1,050	<input type="radio"/> \$750 <input type="radio"/> \$1,150
Military	<input type="radio"/> \$450 <input type="radio"/> \$550	<input type="radio"/> \$550 <input type="radio"/> \$650
Join NANS and Register	<b>On or before 12/08/17</b>	<b>After 12/08/17</b>
Physician	<input type="radio"/> \$955	<input type="radio"/> \$1,055
Nonphysician Clinician	<input type="radio"/> \$610	<input type="radio"/> \$710
Advanced Practitioner	<input type="radio"/> \$675	<input type="radio"/> \$775
Trainee <sup>1</sup>	<input type="radio"/> \$375	<input type="radio"/> \$475
<i>Special offer includes registration and 1 year of NANS membership with full benefits, including a subscription to Neuromodulation, the journal of the International Neuromodulation Society.</i>		
<b>Subtotal A \$ _____</b>		

1-Day Meeting Registration B		
<i>For registrants attending 1 day of the meeting only.</i>		
Please indicate which day you will be attending: <input type="radio"/> Friday only <input type="radio"/> Saturday only		
	On or before 12/08/17	After 12/08/17
	Member/Nonmember	Member/Nonmember
Physician	<input type="radio"/> \$230 <input type="radio"/> \$330	<input type="radio"/> \$330 <input type="radio"/> \$430
Nonphysician Clinician	<input type="radio"/> \$210 <input type="radio"/> \$310	<input type="radio"/> \$310 <input type="radio"/> \$410
Advanced Practitioner	<input type="radio"/> \$210 <input type="radio"/> \$310	<input type="radio"/> \$310 <input type="radio"/> \$410
Trainee <sup>1</sup>	<input type="radio"/> \$125 <input type="radio"/> \$125	<input type="radio"/> \$225 <input type="radio"/> \$225
Industry	<input type="radio"/> \$230 <input type="radio"/> \$350	<input type="radio"/> \$330 <input type="radio"/> \$450
<b>Subtotal B \$ _____</b>		

<sup>1</sup>All nonmember residents/fellows/students currently enrolled in a training program need to attach a letter from your training program director or have your director sign the below statement.

*\*This does not apply for attendees who have been pre-approved for one of the preconference workshops.*

I certify that the individual named above is a resident, fellow, or student in a training program.

Program Director (Print Name) \_\_\_\_\_

Program Director Signature \_\_\_\_\_

Date \_\_\_\_\_

### 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 December 28, 2017, in order to receive a full refund less a \$100 processing fee. Refunds will not be made under any circumstances on cancellations received after December 28, 2017. 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 conference.

Special Sessions C	
<input type="radio"/> Residents and Fellows Reception (RFBS) Thursday, January 11, 8:30–10 pm	<input type="radio"/> Women in Neuromodulation Reception (WIN) Friday, January 12, 6–7 pm
<input type="radio"/> Residents and Fellows Job Fair (FAIR) Friday, January 12, 5–6 pm	

Preconference Courses – Thursday, January 11, 2018 D	
<b>Continuum of Care from Wearables to Non-Invasive Neuromodulation (COC)</b>	<b>8 am – 5 pm</b>
(Member) <input type="radio"/> \$250 (by 12/08/17) <input type="radio"/> \$350 (after 12/08/17)	
(Nonmember) <input type="radio"/> \$300 (by 12/08/17) <input type="radio"/> \$400 (after 12/08/17)	
<b>Coding &amp; Billing Workshop (CODE)</b>	<b>8 am–4 pm</b>
(Member) <input type="radio"/> \$125 (by 12/08/17) <input type="radio"/> \$150 (after 12/08/17)	
(Nonmember) <input type="radio"/> \$175 (by 12/08/17) <input type="radio"/> \$200 (after 12/08/17)	
<b>Advanced Practice Provider Course: A to Z in Neuromodulation (APP)</b>	<b>8:30 am–4 pm</b>
(Member) <input type="radio"/> \$125 (by 12/08/17) <input type="radio"/> \$150 (after 12/08/17)	
(Nonmember) <input type="radio"/> \$175 (by 12/08/17) <input type="radio"/> \$200 (after 12/08/17)	
<b>I Just Inherited 100 Pump Patients: A Case Based Approach (PUMP)</b>	<b>8 am–4:30 pm</b>
(Member) <input type="radio"/> \$125 (by 12/08/17) <input type="radio"/> \$150 (after 12/08/17)	
(Nonmember) <input type="radio"/> \$175 (by 12/08/17) <input type="radio"/> \$200 (after 12/08/17)	
<b>Subtotal D \$ _____</b>	

Guest Registration E	
<i>An attendee can bring ONE guest to the meeting. Guest registration is meant for family and spouses and does not include access to sessions. Guests cannot earn CME credits nor can they register in advance for Preconference Workshops or other ticketed courses.</i>	
Guest Full Name _____	
First Name (for badge) _____	
City/State _____	
Guest's Email Address _____	
<input type="radio"/> \$50	
<b>Subtotal E \$ _____</b>	

Total Amount Due F	
Please review your registration form prior to completing this box.	
<b>Total Amount Due (A or B) + D + E = \$ _____</b>	

Special Requests G	
<input type="radio"/> This is my first NANS meeting. <input type="radio"/> I would like more information about NANS membership. <input type="radio"/> I will need vegetarian meals.	
<input type="radio"/> I do not wish to have my name and contact information included in the printed attendee list.	

Payment	
<input type="radio"/> Mastercard	<input type="radio"/> Visa
<input type="radio"/> American Express	<input type="radio"/> Discover
<input type="radio"/> Check (enclosed)—payable to NANS	
<ul style="list-style-type: none"> <li>- A \$25 charge will apply if rebilling of the credit card is necessary.</li> <li>- Checks not in U.S. funds will be returned. A charge of \$20 will apply to checks returned for insufficient funds.</li> <li>- If you fax this form, please do not mail the original.</li> </ul>	Account Number _____ Expiration Date _____ Card Holder's Name (please print) _____ Signature _____ <ul style="list-style-type: none"> <li>- I authorize NANS to charge the above listed card amounts reasonably deemed by NANS to be accurate and appropriate.</li> </ul>