

AAP 2010 ANNUAL MEETING REGISTRATION

April 6–10, 2010

HYATT COCONUT POINT RESORT & SPA

Bonita Springs, Florida

Mail completed registration form to:

AAP Headquarters

7250 Parkway Drive, Suite 130

Hanover, MD 21076

Or fax completed form with credit card payment to 410-712-7101.

FULL PAYMENT MUST ACCOMPANY REGISTRATION FORM.

Attendee Information

Name (First, MI, Last) _____ Degree(s) _____

Institution _____

Confirmation address _____

City _____ State _____ Zip _____

Is this address your home or office? _____ Home _____ Office

Work Phone _____ Fax _____

Email _____

Course Information

Please select the course you would like to attend:

- _____ A. The Changing Face of Academic Practice
_____ B. Road to Recovery After Combat Polytrauma: Reintegration, Rating, and Restitution
_____ C. The Skeletal Muscle: Foundation of All Things PM&R
_____ D. RMSTP (by invitation only)
_____ E. Program Coordinators' Workshop
_____ F. PAL Participant (by invitation only)

AAP Meeting Registration

Registration must arrive in the AAP office ON OR BEFORE MARCH 26, 2010 to get the early registration rate. Any Meeting Registration arriving in the AAP office ON OR AFTER MARCH 27, 2010 will be charged an additional \$100.

Registration Category:

_____ AAP Member	\$645	_____ Program Coordinator AAP Member	\$375
_____ Non AAP Member	\$760	_____ Program Coordinator Non-AAP Member	\$550
_____ Emeritus	\$365		

Academic Partner Benefit: _____ Resident _____ Faculty _____ Coordinator

(To receive a complimentary registration, the Academic Partnership Voucher MUST accompany the registration form; faxed forms will not be accepted.)

Residents/Fellows/Medical Student Registration Only

This package is for PM&R residents, fellows, or medical students ONLY. If you are not a current member of the AAP, you must send proof of residency/fellowship status to receive this package deal.

This special package includes the following items:

- Residents/Fellows Workshop – *Wednesday, April 7, 2010*
- Residents/Fellows Council Program and Dinner—*Thursday, April 8, 2010*
- Full 2010 AAP Annual Meeting Registration

_____ Resident AAP Member	\$490	_____ Medical Student	\$490
_____ Resident Non AAP Member	\$710		

**Any Meeting Registration that arrives in the AAP National office ON OR AFTER
March 27, 2010 will be charged an additional \$100.**

Optional Events

April 6-7, 2010 RPFDP Workshop

_____ Attending entire AAP Annual Meeting		\$125	\$ _____
_____ NOT attending AAP Annual Meeting	AAP Member	\$390	\$ _____
	Non-AAP Member	\$460	\$ _____
_____ RPFDP Council Dinner		\$80	\$ _____

April 6-7, 2010 Program Coordinator Workshop

_____ Attending Precourse Workshop		\$125	\$ _____
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AAP Council Program and Dinner

(Please indicate which council you would like to attend.)

Wednesday, April 7, 2010

_____ Chair Council		\$80	\$ _____
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Thursday, April 8, 2010

_____ Research Council		\$80	\$ _____
_____ Medical Student Clerkship Directors Council		\$80	\$ _____

Guest Package

_____ @ \$225 per person \$ _____

If you would like a special guest to attend the meeting with you, the AAP Guest package includes the following: Continental Breakfast, Lunch and Breaks (Thursday – Saturday), entrance to the Plenary Session and Exhibit Hall. This package cannot be used for a colleague or doctor. This package is meant for guests, a spouse, or family members only. Participants and guests will not be allowed into the main hall or for meals without a name badge.

Guest 1 _____

Guest 2 _____

TOTAL DUE	Registration fee	\$ _____
	Optional Events	\$ _____
	TOTAL	\$ _____

Billing Information

Master Card Visa American Express Discover Check # _____

If rebilling of a credit card is necessary, a \$25 processing fee will be automatically charged. Please sign and print your name as it appears on the card.

Credit Card # _____ Expiration. Date _____ Verification Code _____

Signature _____ Cardholder's Name _____

(Please print)

All changes or cancellations must be made in writing to the AAP via mail or fax. No changes or cancellations will be accepted over the phone or via e-mail. Cancellations must be received on or before February 6, 2010 to qualify for a refund, less a \$100 handling fee. No refunds are issued for "no-shows" or cancellations postmarked or faxed on or after February 7, 2010. No refunds for Poster or Paper Presenters on or after February 7, 2010. Paper and Poster Presenters must register for the Annual Meeting by February 1, 2010, as indicated in your confirmation letter. All refund requests will be processed at the AAP office four weeks after the meeting. Absolutely no refunds will be given on site. Non-refundable airline tickets are the responsibility of potential registrants, not the AAP. For further information contact the AAP at 317-431-3368.

Mail completed registration form with full payment to:

Association of Academic Physiatrists
7250 Parkway Drive, Suite 130
Hanover, Maryland 21076
Or

Fax completed registration form with credit card information to: 410-712-7101