

Contact Information - Please Print:

Online registration is available at www.AmericanHeadacheSociety.org

First (Given) Name	Middle Initial	Last (Family) Name		
Affiliation (Employer)	Position/Title	Degree	Specialty	
Business Address	City	State/Province	Country	Zip Code
Business Telephone	Email Address			

Please use the lines below to state your expectations for improving patient care outcomes after attending this course:

Registration Categories And Fees

	On or Before 9/1/2017	9/2/2017- 10/31/2017	On-site	
<input type="checkbox"/> Active Member (MD, DO, PhD, DDS)	\$450.00	\$500.00	\$750.00	\$ _____
<input type="checkbox"/> Associate Member (RN, NP, PA)	\$200.00	\$250.00	\$500.00	\$ _____
<input type="checkbox"/> AHS Trainee Member	\$150.00	\$150.00	\$400.00	\$ _____
<input type="checkbox"/> Non-Member (MD, DO, PhD, DDS)	\$650.00	\$725.00	\$975.00	\$ _____
<input type="checkbox"/> Non-Member Associate (RN, NP, PA)	\$250.00	\$300.00	\$550.00	\$ _____
<input type="checkbox"/> Non-Member Trainee	\$200.00	\$200.00	\$400.00	\$ _____
<input type="checkbox"/> Active Military Personnel	\$200.00	\$200.00	\$300.00	\$ _____
<input type="checkbox"/> Industry Representative	\$650.00	\$725.00	\$975.00	\$ _____

PRE-MEETING COURSE, WEDNESDAY, NOVEMBER 15, 2017

Pre-meeting Advance Course: Pain Symposium - 12:30 pm - 5:30 pm

<input type="checkbox"/> Member	Complimentary	Complimentary	\$250.00	\$ _____
<input type="checkbox"/> Non-member	\$200.00	\$250.00	\$400.00	\$ _____

Pre-meeting Advance Course: NP/PA Program-The Bridge - 3:00 pm - 6:00 pm

<input type="checkbox"/> Member	Complimentary	Complimentary	\$250.00	\$ _____
<input type="checkbox"/> Non-member	\$200.00	\$250.00	\$400.00	\$ _____

PRE-MEETING COURSES, THURSDAY, NOVEMBER 16, 2017 - 2:00 PM - 5:00 PM

<input type="checkbox"/> Headache 101	
<input type="checkbox"/> HCNE Course	(please select only one)
<input type="checkbox"/> EMR Symposium	
<input type="checkbox"/> TMD Symposium	

<input type="checkbox"/> Member	Complimentary	Complimentary	\$250.00	\$ _____
<input type="checkbox"/> Non-member	\$200.00	\$250.00	\$400.00	\$ _____

RECEPTION - I plan on attending the Saturday evening wine and cheese reception YES NO

OPT-OUT - Please do not release my contact information to exhibitors, sponsors or any group other than AHS YES NO

I would like to make a donation to the American Migraine Foundation (AMF) YES NO \$ _____

AHS PEER REVIEW - I am interested in participating in the AHS Peer Review process. Please have someone contact me. YES NO

1. First Time Attendee YES NO
2. New Member YES NO
3. UCNS Certified YES NO
4. Are you a Fellow of the AHS (FAHS)? YES NO

Group Discount Rate: (Fax/Mail Forms Only) If you qualify for the group discount. 1st registration from organization - full fee 2nd registration or more from same organization and same location - fee minus \$25.00 discount \$ _____

Total Registration Fees* \$ _____

Method Of Payment

Registration will not be processed without payment.

Enclosed is a check payable to AHS. Checks must be payable in U.S. Dollars and issued by a U.S. Correspondent Bank. Please check with your local bank before sending payment. Each registrant is responsible for any and all bank charges. A \$100.00 processing fee will be charged for checks returned unpaid.

Wire Transfer - I wish to pay my fees by wire transfer (contact AHS Registration for instructions BEFORE submitting form).

I wish to pay my fees by credit card. Please note: this charge will appear on your statement as "AHS Reg".

Name on Card (Print): _____

Authorizing Signature: _____

Visa MasterCard American Express

Credit Card No. _____ Exp. Date: ____/____/____

Note: Registrations paid by credit card may be faxed to 856-423-0082. Keep a copy of your fax transmittal confirmation for your records. If faxing, do not mail the original form, doing so may result in duplicate charges to your credit card.

(* AHS reserves the right to charge the correct amount if different from total above.

CANCELLATION POLICY

If you must cancel your registration, all requests must be received in writing by AHS Registration, 19 Mantua Road, Mt. Royal, NJ 08061 or email: ahshq@talley.com and postmarked no later than **October 31, 2017**. All fees paid will be refunded minus a \$100.00 processing fee. There will be no refunds after the **October 31, 2017** deadline.

Please fax cancellation or substitution requests to 856-423-0082 Attention: AHS

Please check if assistance is needed: