



COURSE DIRECTOR  
 Nazanin Saedi, MD



CLINICAL DIRECTOR  
 Eric F. Bernstein, MD, MSE



CLINICAL DIRECTOR  
 Thomas D. Griffin Jr., MD

## REGISTRATION FORM

All course materials will be distributed to you as electronic links/PDFs via email prior to the course.

Email the completed registration form to [miranda@aslms.org](mailto:miranda@aslms.org) or you can mail the completed form to ASLMS, 100 N. 72nd Ave., Wausau, WI 54401.

### Registrant Information

NAME \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

DISCIPLINE OF REGISTRANT

- Physician (MD, DO, MBBS or equivalent)       Student/Resident/Fellow  
 Nurse (NP, RN or LPN)                               Business Owner/Manager  
 Scientist (PhD)     Other: \_\_\_\_\_  
 Physician Assistant

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

|      |                       |                 |         |
|------|-----------------------|-----------------|---------|
| CITY | STATE/PROVINCE/REGION | POSTAL/ZIP CODE | COUNTRY |
|------|-----------------------|-----------------|---------|

|       |     |       |
|-------|-----|-------|
| PHONE | FAX | EMAIL |
|-------|-----|-------|

DO YOU HAVE ANY ACCOMODATION REQUESTS (SUCH AS DISABILITY OR FOOD ALLERGIES)?  
 No     Yes: Provide details \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS COURSE?

Advertisement     Word-of-mouth     Website             Direct Mail     Other: \_\_\_\_\_  
 Email                 News Article     Social Media     Journal

### Course & Payment Information

#### REGISTRATION FEE (Select One)

- \$1,050 ASLMS Member  
 \$1,400 Non-Member  
 \$500 Resident or Fellow-in-training  
 Only 10 seats available. ASLMS membership required.

#### FOOD & BEVERAGE

Continental breakfast and beverages/snacks will be provided on Saturday and Sunday. Lunch will be provided on Saturday. Saturday evening reception included.

#### TRAVEL & HOTEL

Attendees are responsible for their own transportation to and from the hotel. ASLMS will provide transportation between the hotel and clinics each day.

ASLMS has a contracted, reduced rate block with the DoubleTree Suites by Hilton Hotel Philadelphia West. Visit [the course web page](#) to access the reservation link by November 27, 2023.

#### PAYMENT TYPE (USD)

- Check or Money Order (Made out to ASLMS and mailed to PO Box 1501, Green Bay, WI 54305-1501)  
 Visa  
 MasterCard  
 American Express

Card Number: \_\_\_\_\_

Expiration Date (mm/yyyy): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize ASLMS to charge the registration fee (USD) to my credit card and acknowledge that a service fee of \$200 will be assessed for processing refunds through November 16, 2023. No refunds after November 17, 2023.

How would you like to hear from our industry partners?  
 Email |  I do not wish to be contacted.

**Not a member of ASLMS?**

Non-members who submit a membership application at the time of registration qualify for the member fee. [Join Today!](#) Once you have submitted your application, please email us at [information@aslms.org](mailto:information@aslms.org) so we can send you a discount code.