

# REGISTRATION FORM

AANS/CNS SECTION ON  
PEDIATRIC NEUROLOGICAL SURGERY  
36TH ANNUAL MEETING  
November 26 – December 1, 2007  
Loews Miami Beach Hotel, South Beach (Miami), Florida

ADVANCE REGISTRATION DEADLINE:  
MONDAY, OCTOBER 29, 2007

Please PRINT or TYPE:

Last Name		First Name		
Organization				
Address				
City		State	Zip	Country
Business Phone		Home Phone		
Fax Number		E-Mail Address		

## METHOD OF PAYMENT

Check # \_\_\_\_\_  MasterCard  Visa  American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Print Name as it appears on credit card \_\_\_\_\_

Signature (I agree to pay above total amount according to card issuer agreement) \_\_\_\_\_ Date \_\_\_\_\_

Merchant #295023808880

If you are paying by credit card, please fax this form to 800-713-6287 (US only) or 847-297-5086 (International)

Please make checks payable in US dollars, drawn on a US bank and mail to:

**AANS/CNS Section on Pediatric Neurological Surgery**  
c/o CTE  
P.O. Box 2686  
Des Plaines, IL 60018

**Please note:** Only the US Postal Service will deliver overnight to the above address. DO NOT send this form of payment via Federal Express, UPS or Airborne; they will not deliver to a P.O. Box.

If you have questions, please contact the AANS/CNS Section on Pediatric Neurological Surgery Registration Department at 800-621-3546 (US only) or 847-759-4252 (International)

## INCLUDED IN REGISTRATION

**Meeting attendee registration includes ONE ticket to each of the following:**

- Opening Reception on Tuesday
- Lunch in the Exhibit Hall on Wednesday and Thursday
- Wine and Cheese Reception on Wednesday
- Continental Breakfast Wednesday, Thursday and Friday
- Beverage Breaks Wednesday, Thursday and Friday

**Spouse/Guest registration includes ONE ticket to the following:**

- Opening Reception on Tuesday
- Wine and Cheese Reception on Wednesday
- Continental Breakfast Wednesday, Thursday and Friday



