



EEG Technology: A Comprehensive Review Course
Mastering Nerve Conduction Studies
Autonomic Testing

May 1-2, 2009 ■ Cleveland, Ohio

Registration Form

Name: _____ ASET ID _____
Last First Nickname for badge

Credentials: [] R. EEG T. [] R. EP T. [] RPSGT [] CNIM [] CLTM [] R. NCS T. [] Other _____
Degrees: [] 2 year Associates [] BA [] BS [] MA [] MS [] PhD [] Other _____

Institution/Company _____
[] Home Address [] Work Address

Address _____

City _____ State/Province _____ Zip _____

Phone _____ Fax _____

E-mail* _____

Name & Phone, in case of emergency _____

If you require special accommodations to fully participate, please attach a written description of your needs.

Attendee List

An attendee list will be distributed to all registered attendees at the meeting. Please note your preference for release of information by checking one of the options below. If the field is not checked, your name and information will be automatically included in the listing.

- [] All of my information may be published.
[] All of my information, except my e-mail address, may be published.
[] Do not include any of my information.

Course Registration (Choose One)

- [] EEG Technology: A Comprehensive Review Course (2-day course)
[] Mastering Nerve Conduction Studies (2-day course)
[] Autonomic Testing (1-day course - May 2nd only)

Registration

Received by April 10, 2009

Received after April 10, 2009

- [] \$375 ASET Member (2-day course) [] \$450 ASET Member (2-day course)
[] \$475 ASET Non-Member (2-day course) [] \$550 ASET Non-Member (2-day course)
[] \$225 ASET Member (1-day course) [] \$300 ASET Member (1-day course)
[] \$285 ASET Non-Member (1-day course) [] \$360 ASET Non-Member (1-day course)

Cancellation Policy: Registration fees, less \$50 cancellation fee, are refundable if written notice is received 14 days prior to the start of the course. No refunds are given within 14 days of the course.

Payment Information

- [] Check enclosed, made payable to ASET [checks in U.S. dollars on U.S. Bank]
[] American Express [] Discover [] MasterCard [] Visa

Name on Card _____

Account No [][][][]-[][][][]-[][][][]-[][][][]

Expiration Date _____ / _____ 3 / 4 digit security code _____ Zip Code _____
Month Year

Cardholder Signature _____

Return form with payment to: ASET, 6501 East Commerce Avenue, Suite 120, Kansas City, MO 64120
816.931.1120 ■ 816.931.1145 fax ■ info@aset.org ■ www.aset.org

ASET reserves the right to cancel this meeting at any time due to unforeseen circumstances beyond our control.