

## Board Review Course & Intensive Scoring Review

September 7-10, 2017 | Loews Chicago O'Hare | Rosemont, IL



### Biographical Information (Please type or print clearly)

Name: (Last)		(First)	Degree(s):	
Address:		Address Line 2:		
City:		State:	Zip/Postal Code:	
Country:		Phone:	Fax:	
Email (required to receive confirmation):				
Special Needs/Accommodations:				

### Board Review Course (Please select the course you are signing up for)

		On or before August 11, 2017	On or after August 12, 2017
AASM Member / Facility Member**	<input type="radio"/>	\$1,000	\$1,100
Nonmember	<input type="radio"/>	\$1,200	\$1,300
Student*	<input type="radio"/>	\$500	\$600

### Board Review Course & Intensive Scoring Review

(Please select the course you are signing up for)

		On or before August 11, 2017	On or after August 12, 2017
AASM Member / Facility Member**	<input type="radio"/>	\$1,200	\$1,345
Nonmember	<input type="radio"/>	\$1,445	\$1,640
Student*	<input type="radio"/>	\$600	\$700

\* I am currently a student enrolled in a formal training program and give permission to contact my program director to verify my student status.

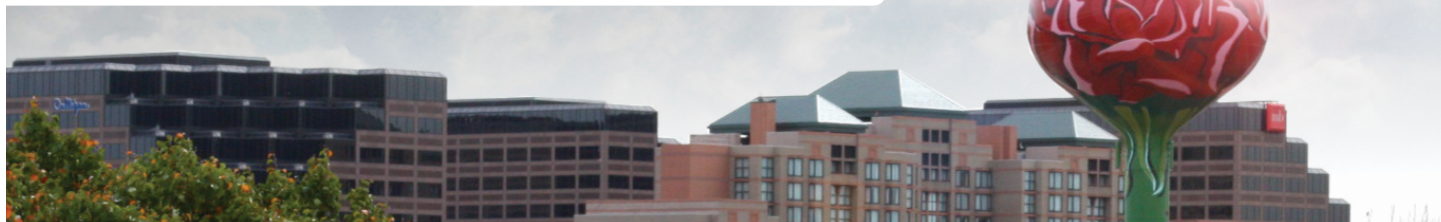
Institution:	
Director's Name:	Director's Email:
** If registering as an employee of an AASM facility member, please provide the name of your facility and your accreditation/membership number.	
Facility Name:	Accreditation/Member Number:

## Questions?

M: 2510 N. Frontage Rd., Darien, IL 60561 · P: 630-737-9760 · F: 630-737-9789 · E: [education@aasmnet.org](mailto:education@aasmnet.org) · W: [aasmnet.org/events.aspx](http://aasmnet.org/events.aspx)

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### Dietary Needs † (Check all that apply)

<input type="checkbox"/> Kosher	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free
<input type="checkbox"/> Dairy Free	<input type="checkbox"/> Other:		
† AASM cannot guarantee all requests can be met. Staff will follow up to discuss available options and instructions.			

### Specialty (Check all that apply)

<input type="checkbox"/> Sleep Medicine	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Family Practice	<input type="checkbox"/> Internal Medicine
<input type="checkbox"/> Neurology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Pulmonary Medicine
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Psychology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Other

### How Did You Hear About This Course? (Check all that apply)

<input type="checkbox"/> Website	<input type="checkbox"/> Email	<input type="checkbox"/> Colleague	<input type="checkbox"/> Mailing
<input type="checkbox"/> Other:			



### Method of Payment (Please check one box below)

<input type="checkbox"/> Check payable to the AASM (U.S. funds drawn on a U.S. bank)		Credit card*: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Total: \$	Card Number:	Exp. Date:	
Validation Code*:	Billing Address:		
Cardholders Name:		Signature:	
<small>*For a VISA, MasterCard or Discover the validation code is the last 3 number in the signature box on the back of the card. For American Express, the validation code is the 4 numbers above the credit card number on the front of the card.</small>			

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