

ASOA Optional Seminar Registration Form

2012 ASCRS•ASOA HOUSING
AND REGISTRATION

Check box for the course(s) you want to attend.

Friday, April 20, 2012, and Saturday, April 21, 2012

Note: Symposium/Congress registration not required to attend optional courses.

SEMINAR	TIME	LIMIT
<input type="checkbox"/> Practice Management Boot Camp: What You Must Know to Succeed	8:00 AM–5:00 PM	100
<input type="checkbox"/> COE Review		100
Part I, Friday	8:00 AM–5:00 PM	
Part II, Saturday	8:00 AM–5:00 PM	

FEE PER SEMINAR ASOA Member \$150 Nonmember \$200

SEMINAR	TIME	LIMIT
<input type="checkbox"/> Maximizing Leadership Skills	8:00 AM–12:00 PM	50
<input type="checkbox"/> Pinto Practice Coaching	8:00 AM–12:00 PM	100

FEE ASOA Member \$75 Nonmember \$100

Total Amount Due \$

CANCELLATION/REFUND POLICY

All cancellations and requests for refunds must be in writing and received no later than **March 2, 2012**. A handling fee of \$75.00 will be deducted from each cancelled registration. NO REFUNDS will be given after **March 2, 2012**.

WAYS TO REGISTER Web: www.ascrs.org or www.asoa.org

Mail: ASCRS•ASOA 2012
c/o Convention Data Services
107 Waterhouse Road
Bourne, MA 02532

If you are unable to register online,
please mail your registration
to the address shown.

TYPE or PRINT CLEARLY

FIRST NAME _____ LAST NAME/FAMILY NAME _____ MI _____ DEGREE _____

PRACTICE NAME _____

BUSINESS MAILING ADDRESS _____

BUSINESS MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

TELEPHONE _____ FACSIMILE _____ E-MAIL (required) _____

PAYMENT METHOD (U.S. FUNDS ONLY) PAYMENT MUST ACCOMPANY REGISTRATION FORM

ASCRS•ASOA is hereby authorized to adjust registration charges originally paid via fax, phone, or Internet using my credit card if the amount originally paid was deficient or excessive by charging or crediting my credit card account and providing a mailed notice of the adjustment.

CHECK (Payable to ASOA) Mail to address above.

CREDIT CARD:

MasterCard



VISA



AMEX



Credit Card Number _____ Expiration Date _____

Cardholder Signature _____

Name of cardholder (Please Print) _____