

**REGISTRATION FORM**

2012 ASHT Hand Therapy Review Course  
Union Memorial Hospital  
Baltimore, MD 21218  
September 21-23, 2012

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**ATTENDEE PRICING**

	One attendee	Two attendees or more
		<i>10% discount</i>
<b>ONE DAY; FRIDAY SEPT. 21</b>		
Member	\$200 <input type="checkbox"/>	\$180 <input type="checkbox"/>
Non-member	\$260 <input type="checkbox"/>	\$234 <input type="checkbox"/>
<b>TWO DAYS; SATURDAY &amp; SUNDAY, SEPT. 22-23</b>		
Member	\$325 <input type="checkbox"/>	\$290 <input type="checkbox"/>
Non-member	\$385 <input type="checkbox"/>	\$345 <input type="checkbox"/>
<b>THREE DAYS; FRIDAY-SUNDAY, SEPT. 21-23</b>		
Member	\$400 <input type="checkbox"/>	\$360 <input type="checkbox"/>
Non-member	\$460 <input type="checkbox"/>	\$414 <input type="checkbox"/>

**METHOD OF PAYMENT**

**TOTAL PAYMENT: \$** \_\_\_\_\_

**Payment method:**  Check (*payable to ASHT*), Check #: \_\_\_\_\_

Credit Card (check one):  VISA  MasterCard  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card (*please print*): \_\_\_\_\_ Signature: \_\_\_\_\_

Registration is on a first come first served basis. Limited enrollment is planned to ensure quality of course and ample instructor-participant attention.

Cancellation of registration up to two weeks prior to course date will result in a refund minus a \$50 administrative fee. THERE WILL BE NO REFUNDS AFTER THIS ESTABLISHED DEADLINE. It is the responsibility of the registrant to notify ASHT of cancellation in writing or by email to [education@asht.org](mailto:education@asht.org). Refunds will be issued within 30 days of notification.

In the unlikely event that a course is canceled, ASHT will provide full refund of the registration fee only.

Please mail/fax registration form to:  
ASHT, 15000 Commerce Parkway, Suite C, Mount Laurel, NJ 08054  
(Phone) 856-380-6862/[education@asht.org](mailto:education@asht.org)/(Fax) 856-439-0525