

REGISTRATION FORM

ASHT's 33rd Annual Meeting

June 23, 2010

Orlando, Florida



Please complete all fields in clear, legible print. Important meeting information, including access to all handouts, is provided electronically only. Be certain to provide a valid e-mail address to ensure you receive all important communications.

Full Name: _____

Credentials: _____

Company: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Postal/Zip Code: _____

E-mail Address: _____

Phone: _____

Have you attended a previous ASHT Annual Meeting? Yes No
Are you a Certified Hand Therapist? Yes No

MEETING REGISTRATION

Registration includes access to all materials, instructional sessions, and meals. Separate forms must be completed for each registrant. Should you need additional copies of this form, photocopies are acceptable.

Select your registration rate below.

- \$195 Early Bird Rate (Received on or prior to April 1, 2010)
- \$220 Regular Rate (Received April 2, 2010 – May 28, 2010)
- \$270 Onsite Rate (Received May 29, 2010 and later)
- \$480 Join & Save Rate (Includes ASHT membership dues through December 31, 2011)

The International Federation of Societies for Hand Therapy (IFSHT) will hosts its 8th Triennial Congress in Orlando June 24-26, following ASHT's 33rd Annual Meeting. Check below if you wish to attend this meeting for additional unique educational and networking opportunities (additional fee applies, and you will be contacted regarding additional session registration details).

- Yes, please add registration for the 8th Triennial Congress of IFSHT
 - \$550 Early Bird Rate (Through April 1, 2010)
 - \$600 Regular Rate (April 2, 2010 – May 28, 2010)
 - \$650 Onsite Rate (May 29, 2010 and later)

Guest Registration for Gala (if attending the IFSHT Congress Only)

Guests are welcome at the IFSHT Gala, held the evening of Friday, June 25. Cost is \$75 per guest.

Number of guests _____ @ \$75 = \$ _____

DONOR OPPORTUNITIES

- I would like to make a monetary contribution to ASHT's Annual and Memorial Fund in honor of _____ in the amount of \$_____.
- I would like to contribute to the ASHT Vision Fund in the amount of \$_____.

SPECIAL REQUESTS

- Vegetarian meals
 Other dietary needs (please describe): _____

If, due to a disability, you have any special needs, accommodations, or requirements, please list them here. We will comply with the Americans with Disabilities Act.

SESSION REGISTRATION

ASHT requests that you indicate your intent to attend sessions throughout the Meeting. Please select your preferred selections below. For additional details regarding these sessions, visit www.asht.org or view the Advance Program.

Wednesday, June 23, 2010

- 8:00 a.m. – 11:45 a.m. General Session
11:45 a.m. – 1:00 p.m. Lunch and ASHT Annual Business Meeting
1:15 p.m. – 3:15 p.m. Instructional Courses (select one)
 Thinking Differently About Pain
 Coding for the Hand Therapist; Using Evidence to Improve Reimbursement
 Hands-on Orthotics – Options for the Stiff Wrist
3:30 p.m. – 5:30 p.m. Instructional Courses (select one)
 Anatomy of the Elbow; Anatomy of the Shoulder
 Flexor Tendon Update: An Evidence-based Approach to Repair, Reconstruction and Rehabilitation
 Youth Overhead Sports Injuries

PAYMENT

Full payment must accompany this registration form.

Meeting Registration: \$ _____

Optional Donation: \$ _____

TOTAL (USD): \$ _____

- Credit Card

CIRCLE ONE: Visa MasterCard American Express

Card Number: _____

Expiration Date: _____

Print Name of Cardholder: _____

Signature of Cardholder: _____

- Check (US Dollars only): Submit check made payable to ASHT.

- Wire Transfer (US Dollars only): Contact cgallagher@ahint.com

Online registration (when available): www.asht.org

All registration forms may be returned, along with payment information to:

ASHT/IFSHT 2010
15000 Commerce Parkway
Suite C
Mount Laurel, NJ 08054
Phone: 856-380-6812
Fax: 856-439-0525

CANCELLATION POLICY

All cancellation requests must be sent to ASHT in writing and will be processed after the meeting. A full refund less a \$75 cancellation fee will be issued if written notification is received by May 28, 2010. After this date, a \$100 cancellation fee will be charged. No refunds will be issued after June 11, 2010. No refunds will be issued for any missed sessions or events, including sessions missed due to travel delays. No refunds will be issued onsite. Phone cancellations will not be accepted.

PARTICIPANT WAIVER

I understand that the material presented in this continuing education program has been made available under the sponsorship of the American Society of Hand Therapists (ASHT) for educational purposes only. This material is not intended to represent the only, nor necessarily the best method or procedure appropriate for the medical situations discussed, but rather is intended to present an approach, view statement or opinion of the faculty which may be of interest to others.

As a condition of participation in the program, I hereby waive any claim I may have against ASHT and their officers, directors, employees, or agents, or against presenters or speakers, for reliance on any information presented in the program; and release ASHT and their officers, directors, employees or agents from and against any and all liability for damage or injury that may arise in my participation or attendance in the program.

I further understand and agree that no reproduction of any kind, including photographs, audiotapes or videotapes, may be made of the program. All property rights in the material presented are expressly reserved to the presenter or speakers or to ASHT. ASHT is not responsible for expenses incurred by any individual who is not confirmed and for whom space is not available. Cost incurred by the registrant, such as airfare or hotel fees or penalties are the responsibility of the registrant.

By signing below and/or registering for the meeting, I consent to the conditions of participation as set forth here.

Signature of Registrant: _____

Date: _____