

# 2010 SCOTTSDALE

headache symposium®

For additional information or assistance with this form, Ph: 856-423-0043. FAX completed form to AHS Registration: 856-423-0082.  
 Online registration is available at [www.AmericanHeadacheSociety.org](http://www.AmericanHeadacheSociety.org)

**CONTACT INFORMATION - PLEASE PRINT:**

First (Given) Name	Middle Initial	Last (Family) Name	Name on badge	
Affiliation (Employer)		Position/Title	Degree	Specialty
Business Address		City	State/Province	Country Zip Code
Business Telephone		Fax Number		Email Address
Spouse/Guest – Full Name (only if paying Spouse/Guest registration fee)				Spouse/Guest Name on badge

Please use the space below to state your expectations for improving patient care outcomes after attending this course:

Please check if this will be your first AHS conference:

Please check if assistance is needed:

**REGISTRATION CATEGORIES AND FEES**

	On or Before September 17	After September 17	
<input type="checkbox"/> AHS Member (MD, DO, PhD, DDS)	\$350.00	\$400.00	\$ _____
<input type="checkbox"/> Non-Member	\$525.00	\$575.00	\$ _____
<input type="checkbox"/> Allied Health Professional (i.e. Nurse, Physician Assistant)	\$195.00	\$225.00	\$ _____
<input type="checkbox"/> Active Military Personnel	\$150.00	\$150.00	\$ _____
<input type="checkbox"/> Spouse/Guest	\$ 50.00	\$ 50.00	\$ _____
<input type="checkbox"/> Conference Syllabus	\$100.00	\$ 100.00	\$ _____

**PRE-CONFERENCE COURSES**

<input type="checkbox"/> Peripheral Nerve Blocks and Onabotulinum Injections	\$125.00	\$150.00	\$ _____
<input type="checkbox"/> Migraine Across the Lifespan of a Woman	\$125.00	\$150.00	\$ _____

**OPTIONAL FRIDAY AFTERNOON WORKSHOPS (NO CHARGE)**

- Presentation Skills (maximum 6)
- Best Clinical Practices: Billing, Coding, and Disability Issues

**GROUP DISCOUNT RATE: (FAXED FORMS ONLY)**

If you qualify for the group discount (see Page 10):

1st registration from organization – full fee

2nd registration or more from same organization and same location – fee minus \$25.00 discount \$ \_\_\_\_\_

**Total Registration Fees\*** \$ \_\_\_\_\_

**METHOD OF PAYMENT Registration will not be processed without payment.**

Enclosed is a check payable to AHS. Checks must be payable in U.S. Dollars and issued by a U.S. Correspondent Bank. Please check with your local bank before sending payment. Each registrant is responsible for any and all bank charges. A \$50.00 processing fee will be charged for checks returned unpaid.

Wire Transfer – I wish to pay my fees by wire transfer (contact AHS Registration for instructions BEFORE submitting form).

I wish to pay my fees by credit card. Please note: this charge will appear on your statement as “AHS Reg”.

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card (Print): \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Visa  MasterCard  American Express

Account No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Note: Registrations paid by credit card may be faxed to 856-423-0082. Keep a copy of your fax transmittal confirmation for your records. If faxing, do not mail the original form, doing so may result in duplicate charges to your credit card.

(\*) AHS reserves the right to charge the correct amount if different from total above.

**CANCELLATION POLICY**

If you must cancel your registration, all requests must be received in writing by AHS Registration, 19 Mantua Road, Mt. Royal, NJ 08061 or email: [ahsmgts@talley.com](mailto:ahsmgts@talley.com) and postmarked no later than October 18, 2010. All fees paid will be refunded minus a \$50.00 processing fee. There will be no refunds after the October 18, 2010 deadline.

**Please fax cancellation or substitution requests to 856-423-0082  
 Attention: Registration Department.**

**RETURN THIS COMPLETED FORM WITH PAYMENT TO: AHS REGISTRATION  
 19 MANTUA ROAD, MT. ROYAL, NJ 08061 ~ FAX: 856-423-0082**