



**Fill Out Completely – Please Print**

First Name/Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Name to Appear on Badge \_\_\_\_\_

Job Title \_\_\_\_\_ Company Affiliation \_\_\_\_\_

Street Address \_\_\_\_\_

City / State/ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Email (cc) \_\_\_\_\_

Special Accommodations – ANS will contact you.  ADA  Diet Restrictions/Allergies \_\_\_\_\_

I will need a VISA/Invitation Letter to attend this conference.

**\* ANS National Member rates apply to ANS individual national members only. Rate does not apply to local section or organization members.**

Unless otherwise noted, Individual Registration includes Sunday Opening Reception, (3) Lunches (Mon-Wed), (1) Western Barbecue Buffet Dinner and coffee breaks. One day ticket includes lunch on that day only.

**Fees PAID by March 31, 2016**

**Fees paid after March 31, 2016**

**Full Conference**

**One Day Attendance**

Includes lunch on day of attendance only (M-W).  
 Circle: Mon. Tues. Weds. Thur.

**Student** (Proof of ANS Student Membership Required)

**ANS Emeritus Member**

ANS National Member\*    Non-Member

ANS National Member\*    Non-Member

\$895     \$1045

\$1045     \$1195

\$550     \$625

\$625     \$720

\$250     \$350

\$300     \$400

\$250    ---

\$300    ---

**Additional Tickets** (You must be registered for the meeting to purchase these events.)

Sunday, May 1, 2016: Opening Reception (Guest Name: \_\_\_\_\_) # of tickets \_\_\_ x \$85.00 = \$ \_\_\_\_\_

Monday, May 2, 2016: Luncheon (Guest Name: \_\_\_\_\_) # of tickets \_\_\_ x \$45.00 = \$ \_\_\_\_\_

Tuesday, May 3, 2016: Luncheon (Guest Name: \_\_\_\_\_) # of tickets \_\_\_ x \$45.00 = \$ \_\_\_\_\_

Wednesday, May 4, 2016: Luncheon (Guest Name: \_\_\_\_\_) # of tickets \_\_\_ x \$45.00 = \$ \_\_\_\_\_

Wednesday, May 4, 2015: Western BBQ Dinner (Guest Name: \_\_\_\_\_) # of tickets \_\_\_ x \$85.00 = \$ \_\_\_\_\_

**Grand Total and Form of Payment**

**Grand Total = \$ \_\_\_\_\_**

Method of Payment  Check  American Express  VISA  MasterCard  Diners Club  Discover  Wire Transfer

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

Cardholder's Signature: \_\_\_\_\_

*Print Cardholder's Name if Different from Registrant*

**PLEASE REGISER ONSITE AFTER FRIDAY, APRIL 22, 2016.**

Make checks payable to ANS in U.S. Funds and Mail to ANS, 97781 Eagle Way, Chicago IL 60678-9770. When sending something to ANS with Express Mail or an overnight service provider, do not use the Eagle Way address. It will be returned. Contact the ANS Registrar for overnight shipping information. Credit card registrations may be faxed to 708.579.8234.

Send bank funds transfer to Chase Bank, 10 S. Dearborn St., Chicago IL 60603.

ANS Checking Acct #824941, Bank Routing Number (ABA) 0210 0002 1 \* SWIFTCODE CHASUS33 \* ACH Transfers 0710 0001 3

**Registration cancellations** must be made in writing prior to April 10, 2016, in order to receive a refund minus \$150 processing fee. Meeting registrations, and special event cancelled after April 10, 2016 will not be refunded; however, you may send a substitute.

Please contact the ANS Registrar at telephone number 708.579.8316 or email [registrar@ans.org](mailto:registrar@ans.org) with any questions.