

2012 AIUM Annual Convention and Preconvention Program Registration Form

Not an AIUM Member?
Become a member and save on your meeting registration.
 See membership box in left column, below.

Instructions

- Registration fees are payable with submission of this form.
Registration CANNOT be processed without payment.
- Make checks payable to AIUM in US funds only.
- Registrations will be accepted by mail until March 5, 2012.
- Registrations will be accepted online and by fax until March 23, 2012.
- After March 23, 2012, attendees must register on-site.
- Registered guests/spouses will be allowed access to the Exhibit Hall only.

Register online at www.aium.org

Contact Information

AIUM Membership ID # _____
 First Name _____
 Last Name _____
 Degrees/Credentials _____
 Medical Board Certification(s) _____
 Name of Guest/Spouse _____
 Street Address _____
 City _____
 State/Province _____
 Country _____
 Postal Code _____
 Daytime Telephone # _____
 Fax _____
 E-mail _____
 Promo Code (from mailing panel) _____
 Name of Emergency Contact _____
 Emergency Contact's Telephone # _____

Not an AIUM Member? Become a member and register at the discounted member rates.

AIUM Membership Fees (USA)

- Physician \$250 Nonphysician \$140
 Student/Resident/Fellow \$25

(A letter from a department chair or chief administrator verifying your full-time student/resident/fellowship status is required.)

Membership services begin the month dues are received and continue for 12 months. Please call the AIUM at 301-498-4100 for international membership pricing, or visit www.aium.org.

Total Membership Payment
 \$ _____

Payment

Forms received without full payment will not be processed.

Check Enclosed: Personal Check Company Check
 Credit Card: American Express MasterCard VISA
 Card # _____
 Credit Card Billing Address Postal Code _____
 Exp Date _____ Card Security Code _____
 (3- or 4-digit number printed on the card or signature strip)
 Signature _____

The AIUM reserves the right to charge credit cards with the correct amount if different from the total listed.

Refunds

Cancellations received by January 4, 2012, will receive a refund of meeting registration fees minus a \$75 administrative fee. Cancellations received after January 4, 2012, will not receive a refund. Written cancellations must be received by the AIUM via fax or mail.



Two Easy Ways to Register

- Online www.aium.org
 - Fax 301-498-4450
- Questions? Call 800-638-5352 or 301-498-4100.

1. Preconvention Program Registration

Thursday, March 29

Full-Day Course 7:30 AM–5:00 PM Please select 1.

- Comprehensive Musculoskeletal Ultrasound
 Point-of-Care Ultrasound in the Evaluation and Treatment of the Unstable Patient
 Registered Physician in Vascular Interpretation Review

Please select 1.

- AIUM Member Physician \$550
 AIUM Member Nonphysician \$500
 Student/Resident/Fellowship Member \$250
 Nonmember \$700

Morning Half-Day Courses 7:30 AM–11:30 AM Please select 1.

- Comprehensive Review of Major Congenital Heart Disease From a Multidisciplinary Perspective
 Infertility and Reproductive Medicine

Please select 1.

- AIUM Member Physician \$325
 AIUM Member Nonphysician \$300
 Student/Resident/Fellowship Member \$150
 Nonmember \$400

Afternoon Half-Day Courses 1:00 PM–5:00 PM Please select 1.

- Obstetric Doppler Ultrasound: Case Studies—Diagnosis and Management
 Sonographic Evaluation of the Emergent Pediatric Patient
 Three-Dimensional Abdominal Ultrasound
 Two- and Three-Dimensional Aspects of the Pelvic Floor

Please select 1.

- AIUM Member Physician \$325
 AIUM Member Nonphysician \$300
 Student/Resident/Fellowship Member \$150
 Nonmember \$400

1. Subtotal \$ _____

2. Annual Convention Registration

Friday, March 30–Sunday, April 1

Please select 1.

- AIUM Member Physician \$900
 AIUM Member Nonphysician \$800
 Student/Resident/Fellowship Member \$375
 Nonmember Physician* \$1160
 Nonmember Nonphysician* \$950
 Guest/Spouse \$100

Abstract presenters (excluding student/resident/fellowship presenters) receive a \$100 discount.

*Nonmember convention registration fee includes a 1-year AIUM membership.

Hands-on Special Interest Session Preregistration

The cost for these courses is \$25 each, and registration is limited. The courses run concurrently with other Special Interest sessions. Please check boxes if you would like to sign up for these courses.

- F1 F2 SU1 SU2

2. Subtotal \$ _____

3. Three- and Four-Dimensional Volume Data Set Manipulation

Saturday, March 31

Please indicate first and second choice of session, and first and second choice of machine. \$25 per session.

Sessions	GE	Philips	Samsung Medison
___ Obstetrics (8:00 AM–10:00 AM)	SOLD OUT	SOLD OUT	___
___ Fetal Echocardiography (10:30 AM–12:30 PM)	SOLD OUT	___	___
___ Gynecology (1:00 PM–3:00 PM)	SOLD OUT	SOLD OUT	___
___ Obstetrics (3:30 PM–5:30 PM)	SOLD OUT	___	___

If your preferred choices are not available, do you want us to assign you to another participating company? Yes No (You will not be charged if you are not assigned.)

3. Subtotal \$ _____

Total Event Payment Add items 1 through 3 \$ _____