



7th Annual Regional Neurosciences Conference and State of the Art Stroke Summit September 7-8, 2017

REGISTRATION FORM

To register, please complete this form and mail or fax (609-441-8178) with full payment to:
ARMC Neurosciences Institute, 1925 Pacific Avenue, 8th Floor, Atlantic City, NJ 08401

Please make checks payable to: ARMC Stroke Summit

Physician/PA Nurse/Allied Health

Name: _____ Credentials: _____
 Address: _____ Affiliation: _____
 City/State/Zip: _____
 Work Phone: _____ Home/Cell Phone: _____

Email Address **(REQUIRED)**: _____

Early Registration Before Aug 28	Physician/ PA	Nursing / Allied Health
Sept. 7-8, 2017 (Full Conference - 12.5 credits)	\$275	\$220
Sept. 7, 2017 (Full Day - 7.5 credits)	\$200	\$175
Sept. 8, 2017 (Half Day - 5.0 credits)	\$100	\$75

- A \$40.00 late fee will be charged for registrations received after Aug. 28, 2017.
- Tuition fees include food provided at designated times.
- Four-week cancellation notice is required for a refund.
- Course registration fee is refundable minus a \$30 administrative fee.

Please register me for the following:

Sept 7-8, 2017 (Full Conference) \$ _____
 Sept. 7, 2017 (Full Day) \$ _____
 Sept. 8, 2017 (Half Day) \$ _____
 Late Fee after Aug 28 (\$40.00) \$ 40.00 _____
 \$ _____ (Total)

Payment Information:

Credit Card:

Visa MC AmEx Discover

Credit Card Number: _____ CVC Code: _____

Expiration Date: _____ / _____

Billing Address (if different than above) _____

Cardholder's Name: _____

Signature: _____