

EXHIBIT & REGISTRATION/CME DESK HOURS

EXHIBITS

Saturday, November 10

7:30AM 10:00AM - 10:15AM 12:30PM - 2:00PM 3:15PM - 3:30PM Exhibits Open Break with Exhibitors Lunch with Exhibitors Break with Exhibitors

REGISTRATION & CME SIGN-IN

1:30PM - 6:00PM 7:30AM - 6:00PM 8:00AM - 1:00PM Friday, Nov. 9 Saturday, Nov. 10 Sunday, Nov. 11



CME INFORMATION: Speaker objectives and commercial disclosures provided onsite. Attendees must sign in and turn in evaluation daily for CME credit to AENS registration desk or sent to info@aens.us or faxed to 888.394.1123 within 7 days of the meeting. Refund policy: credit only.

ACCREDITATION STATEMENT: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). The Association of Extremity Nerve Surgeons is accredited by the ACCME to sponsor continuing medical physicians.

education for physicians.

DESIGNATION STATEMENT: The Association of Extremity Nerve Surgeons designates this live activity for a maximum of **38** AMA PRA Category 1 CreditsTM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

2018 ANNUAL SYMPOSIUM REGISTRATION FORM

Cancellation Policy: No refunds. Credit applicable with processing fee. Return completed registration with payment to: (f) 888.394.1123 | info@aens.us | 201 Stillwater, Ste. 8, Wimberley, TX 78676

FULL NAME		GUEST NAME (if applicable)				
MAILING ADDRESS		CITY			ST	ZIP
PHONE	DNE FAX		EMAIL (all confirmations sen			nail)
TRACK 1: Separate Regi	stration Required	d. Visit <u>www.aens.u</u> s	surgical courses.			
TRACK 2: Advanced Ort * Must send CV wit	hoplastics Works		\$350 Space Limit	edYes.I	have loupe	es.
TRACK 3: Nerve Salvage	e & Revisional Teo	chniques Workshop	o - \$250 Yes. I h	ave loupes.		
TRACK 4: ANNUAL SYMPOSIUM FEES		before OCT. 9	after OCT	after OCT. 9		
AENS/AMOS Member:		\$495	\$595	\$595		
Non Member:		\$695		\$795		
Resident/Student:		\$ 75	\$125			
Guest - Sat. Lunch & Dinner		\$ 95	\$ 95			
INCLUDED WITH REGISTRA				Sa	turday, Aw	ards Dinner
PAYMENT INFORMATION	Check (#) 🗖 Visa	■ MasterCard		TOTAL	. \$
CREDIT CARD #		EXP. DATE SEC. CC		EC. CODE		
CARDHOLDER NAME		SIGNATURE				
BILLING ADDRESS			CITY		ST	ZIP