

ACCOMMODATIONS

MARRIOTT PHOENIX RESORT TEMPE AT THE BUTTES

2000 W. Westcourt Way
Tempe, AZ 85282

AENS Group Rate: \$195
**based on availability*

Reservation Deadline:
October 9, 2020

Reservations:
602-225-9000

Contact AENS with any hotel issues: info@aens.us.



EXHIBIT, REGISTRATION/CME DESK

REGISTRATION & CME SIGN-IN

1:00PM - 6:00PM
7:30AM - 6:00PM
8:00AM - 1:00PM

Friday, Nov. 6
Saturday, Nov. 7
Sunday, Nov. 8

EXHIBITS

Saturday, November 7

7:30AM
10:00AM - 10:15AM
12:30PM - 1:30PM
3:50PM - 4:00PM

Exhibits Open
Break with Exhibitors
Lunch with Exhibitors
Break with Exhibitors

2020 REGISTRATION FORM

Cancellation Policy: Prior to Oct 20, 10% fee applicable. Contact AENS for options or credits.

Return completed registration with payment to: info@aens.us | 201 Stillwater, Ste. 8, Wimberley, TX 78676

FULL NAME _____ GUEST NAME (if applicable) _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE _____ FAX _____ EMAIL (all confirmations sent via email) _____

TRACK 1: FUNDAMENTAL COURSE FEE

	<u>before OCT. 1</u>	<u>after OCT. 1</u>	
<input type="checkbox"/> 1st Time:	\$2595	\$3095	1) CV required email to info@aens.us . 2) Name of referring surgeon: _____
<input type="checkbox"/> Alumni (<i>open to members only</i>):	\$1500	\$2000	*Member doctors can audit/re-take Fundamental

Fundamental Add-On Options:

- Surgical Instrument Set - \$500
- Pain Book & Anatomy Book - \$150
- *Practical Pain Management for the Lower Extremity Surgeon by Stephen Barrett, DPM*
- *McMinn's Atlas of Lower Limb Anatomy current edition*
- Annual Symposium Stayover (includes CME) - \$250

TRACK 2: ADVANCED NERVE REPAIR AND SALVAGE TECHNIQUES WORKSHOP - \$250

TRACK 3: ULTRASOUND TECHNIQUES WORKSHOP (non cme) - Space Limited. RSVP required - Free with Annual Registration.

TRACK 4: ANNUAL SYMPOSIUM FEES

	<u>before OCT. 1</u>	<u>after OCT. 1</u>
<input type="checkbox"/> AENS/AMOS Member:	\$395	\$495
<input type="checkbox"/> Non Member:	\$650	\$750
<input type="checkbox"/> Resident/Student:	\$ 75	\$125
<input type="checkbox"/> Guest - Sat. Lunch & Dinner (<i>w/pd attendee</i>)	\$125	\$150
<input type="checkbox"/> New Referred Physician*	\$345	\$445

*AENS Member that referred me: _____



INCLUDED WITH REGISTRATION, but RSVP required (mark below # attending):
___ Friday, Welcome Reception ___ Saturday, Lunch with Vendors ___ Saturday, Awards Dinner

EXTREMITY NERVE RESEARCH FOUNDATION: DONATION \$100 \$250 \$500 OTHER \$ _____

PAYMENT INFORMATION Check (# _____) Visa MasterCard AMEX **TOTAL \$** _____

CREDIT CARD # _____ EXP. DATE _____ SEC. CODE _____

CARDHOLDER NAME _____ SIGNATURE _____

BILLING ADDRESS _____ CITY _____ ST _____ ZIP _____