



2019 ASC INTENSIVE REGISTRATION

Intensive fundamental infection prevention training for healthcare professionals working in an ASC facility

CHOOSE PROGRAM DATE

LOCATION

YOUR INFORMATION

DATE _____ APIC MEMBER ID# _____

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

CREDENTIALS/DESIGNATIONS (LICENSE, HIGHEST DEGREE ACHIEVED, CERTIFICATION) _____

EMPLOYER/FACILITY NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____ COUNTRY _____

BUSINESS PHONE (INCLUDE COUNTRY CODE IF OUTSIDE THE U.S.) _____ FAX NUMBER _____

EMAIL _____

Check here if you require special accommodations due to disability, dietary restrictions, health concerns, or physical challenges. Please email a written explanation of your need to education@apic.org.

REGISTRATION RATES

Registration is open through the specified date or when capacity is reached. Please check the website to ensure that registration for this course is still available.

	Member	Non-Member <small>Includes 1-year APIC membership</small>
Early Bird	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,150
Standard	<input type="checkbox"/> \$1,150	<input type="checkbox"/> \$1,300

For hotel reservations, please visit the event website on APIC.org.

CANCELLATION POLICY

Cancellations must be made in writing and receive via fax or email no later than 5 business days prior to the start of the event. Submit your cancellation requests to education@apic.org or via fax to (202) 789-1899.

No refunds or credit/transfers will be granted after this deadline. Participants who are "no shows" will not be granted a refund or credit/transfer of registration fees.

Substitutions are allowed if received by APIC via email or fax 10 days prior to the start of the course.

PAYMENT INFORMATION

Payment must be submitted with this form. Registration is not confirmed until full payment is received by APIC.


Check enclosed
Payable to APIC is U.S. dollars from a U.S. bank. Registration is not confirmed until funds have cleared banking institution. Checks must be received before registration closes. Please ensure you mail your check early enough to secure your seat in the course.

Please charge my:
 VISA MASTERCARD AMEX GOVT CREDIT CARD

CARD NUMBER _____ EXP. DATE _____

CARDHOLDER NAME (AS IT APPEARS ON CARD) _____

SIGNATURE _____

 **Mail check and registration form to:**
APIC
PO Box 79502
Baltimore, MD 21279-0502

 **Fax registration form with credit card information to:**
(202) 789-2590