



AMERICAN SOCIETY OF  
ANESTHESIA TECHNOLOGISTS  
AND TECHNICIANS

**31st Annual ASATT  
Educational Conference  
September 10-12, 2020**

**Hilton Fort Worth  
815 Main Street  
Fort Worth, TX**

**PH: 800-445-8667 Ask for ASATT Group Block**

ASATT EIN #: 94-3016630

**CONFERENCE REGISTRATION FORM**

Registration Type	EarlyBird (Feb 26th - April 30th)*	(May 1st - June 30st)*	(July 1st - July 31st)*	(Aug 1st - Aug 31st)*	After Aug 31st On Site Rates	Daily (Please circle day) Fri/ Sat	Amount
<b>Member:*</b> Member # or User ID: _____	\$350.00	\$400.00	\$450.00	\$475.00	\$575.00	\$325.00	
<b>Non-Member:*</b>	\$550.00	\$600.00	\$650.00	\$675.00	\$775.00	\$425.00	
<b>Student*</b>	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00		
<b>Spouse/Guest:**</b>	\$250.00	\$275.00	\$275.00	\$275.00	\$275.00		
<b>This is my first time attending an ASATT Conference</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No			<b>TOTAL:</b>

**Special Physical or Dietary Needs.** If yes, check:

If so, please let us your special needs : \_\_\_\_\_

Registration Fee Includes: conference materials, opening reception, Wednesday & Thursday Breakfast and Wednesday & Thursday Luncheon and designated CE's.

\*\*Spouse/Guest rate includes Welcome Reception, meals, and exhibits only. **Student registration must have valid School ID and Receives No CE Credits**

**PAYMENT INFORMATION**

Please type or carefully print the information requested exactly as it should appear on the roster and participant's name badge. If the participant uses a nickname, please indicate how it should appear on the name badge.

Check  Visa  MasterCard  American Express  Discover

Name:

Employer/Affiliate of:

Home Address:

Home City State: Zip:

Work Phone: Work Fax:

E-mail:

**CARD HOLDERS INFORMATION**

First Name: Middle Initial: Last Name:

Billing Address:

City: State: Zip:

Credit Card Number: Exp. Date: Sec Code (CVV):

Signature of Card Holder:

**OUR CURRENT REFUND POLICY**

Full refund of registration fee for cancellations made by August 1, 2020

Cancellations made between August 2, 2020 and August 31, 2020 will be penalized 50% of the registration fee.

Cancellation made on or after September 1, 2020 will receive no refund.

**Print this form, attach payment and submit to:**

**The American Society of Anesthesia Technologists and Technicians**

7044 South 13th Street

Oak Creek, WI 53154

Phone: (414) 908-4942 Ext. 450

Fax: (414) 768-8001

<http://www.asatt.org>

Please note that membership dues are not included in the conference registration fee and are invoiced separately.