

ASBP Obesity Conference | Denver | April 18-22, 2012 REGISTRATION FORM

Physicians - MDs and DOs

Please check your selection(s) below.

	MEMBER		NON-MEMBER		NEW MEMBERSHIP & REGISTRATION	
	Before	After 3/23	Before 3/23	After 3/23	Before 3/23	After 3/23
Save! 3-in-1	<input type="checkbox"/> \$915	<input type="checkbox"/> \$1,281	<input type="checkbox"/> \$1,190	<input type="checkbox"/> \$1,555	<input type="checkbox"/> \$1,215	<input type="checkbox"/> \$1,581
Certification Review Course	<input type="checkbox"/> \$442	<input type="checkbox"/> \$546	<input type="checkbox"/> \$572	<input type="checkbox"/> \$728	<input type="checkbox"/> \$742	<input type="checkbox"/> \$846
Obesity Course	<input type="checkbox"/> \$340	<input type="checkbox"/> \$460	<input type="checkbox"/> \$440	<input type="checkbox"/> \$560	<input type="checkbox"/> \$640	<input type="checkbox"/> \$760
NMS	<input type="checkbox"/> \$255	<input type="checkbox"/> \$345	<input type="checkbox"/> \$330	<input type="checkbox"/> \$420	<input type="checkbox"/> \$555	<input type="checkbox"/> \$645

Associates/ Affiliates

Please check your selection(s) below.

	MEMBER		NON-MEMBER		NEW MEMBERSHIP & REGISTRATION	
	Before	After 3/23	Before 3/23	After 3/23	Before 3/23	After 3/23
Save! 3-in-1	<input type="checkbox"/> \$732	<input type="checkbox"/> \$1,037	<input type="checkbox"/> \$945	<input type="checkbox"/> \$1,190	<input type="checkbox"/> \$807	<input type="checkbox"/> \$1,112
Certification Review Course	<input type="checkbox"/> \$351	<input type="checkbox"/> \$481	<input type="checkbox"/> \$426	<input type="checkbox"/> \$572	<input type="checkbox"/> \$455	<input type="checkbox"/> \$556
Obesity Course	<input type="checkbox"/> \$270	<input type="checkbox"/> \$370	<input type="checkbox"/> \$345	<input type="checkbox"/> \$440	<input type="checkbox"/> \$350	<input type="checkbox"/> \$445
NMS	<input type="checkbox"/> \$205	<input type="checkbox"/> \$278	<input type="checkbox"/> \$263	<input type="checkbox"/> \$330	<input type="checkbox"/> \$280	<input type="checkbox"/> \$353

CONTACT AND MAILING INFORMATION

Will be provided to exhibitors. Each attendee / guest must complete a separate form.

Name: _____ Credentials: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

HOW DID YOU HEAR ABOUT THIS CONFERENCE? (please check only one)

- ASBP Member
 E-mail from ASBP
 ASBP's Brochure in the Mail
 ASBP's Website
 Internet Search
 Referred by _____

PAYMENT INFORMATION

Registration Total from Above: \$ _____

Check Enclosed (make payable to ASBP)

or Bill my: Visa MasterCard Am. Express Discover

Card Number: _____ Exp: _____

Signature: _____

Please fax completed registration form to 303.779.4834 or mail with payment to:
ASBP • 2821 S. Parker Road, Suite 625 • Aurora CO 80014.

Questions? Call Membership & Exhibit Sales Manager Anna Vanderkleed at 303.770.2526.