



# MEETING REGISTRATION FORM ASFA 2012 TTP CONSENSUS CONFERENCE APRIL 10, 2012 ATLANTA, GA

You may also register for the ASFA 2012 TTP Consensus Conference on-line. Please visit the ASFA Website at **[www.apheresis.org](http://www.apheresis.org)** for more information.

## 1. CONTACT INFORMATION (As you would like it to appear on delegate badge and delegate list)

Name: \_\_\_\_\_  
Last First Initial

Degree(s): \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## 2. REGISTRATION FEES

Registration fees include breakfast, lunch, coffee breaks and syllabus materials for one full day of lecture and discussion on April 10, 2012. Please note that the registration fees do not include dinner, parking, accommodation or other fees.

**TTP Consensus Conference Registration**      \$100 USD

**\*\*Register online at  
[www.apheresis.org](http://www.apheresis.org)**

\* \* **Please note that no cancellations will be refunded.**

Total Registration Fees                                    \$   100  

## 3. PAYMENT INFORMATION

**Check Payment:**                                    Checks should be made payable to:                                    **American Society for Apheresis**  
(in US funds drawn on a US or Canadian bank)                                    Fed. Tax ID No.: 36-3146061

**Credit Card Payment**

Card Type:                                     MasterCard\*\*                                     Visa\*\*                                    or                                     American Express\*\*

Card No:                                    \_\_\_\_\_                                    Expiry Date: \_\_\_\_\_

Name on Credit Card:                                    \_\_\_\_\_

Signature:                                    \_\_\_\_\_

\*\* Fees will be charged in USD, and will appear on your credit card statement as 'American Society for Apheresis' in the currency of your credit card statement.

**\*\*\*NO REFUND FOR CANCELLATIONS.**

A registration confirmation will be sent by e-mail to each delegate upon receipt of paid registration  
 Please submit this Registration Form along with payment to:

ASFA Head Office: 375 West 5<sup>th</sup> Avenue, Suite 201  
 Vancouver, BC V5Y 1J6 Canada

**T** 604.484.2851 **F** 604.874.4378 **E** [asfa@apheresis.org](mailto:asfa@apheresis.org) [www.apheresis.org](http://www.apheresis.org)

Credit Card Payments may be faxed to the ASFA Head Office at 604.874.4378