

# 2014 AAB Conference/CRB Symposium Registration Form

Name (type or print) \_\_\_\_\_ AAB/AMS I.D. # \_\_\_\_\_

Lab/Facility \_\_\_\_\_ Mailing Address: ☐ Home ☐ Work

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Please print name(s) as they should appear on nametag(s) Your Name \_\_\_\_\_

Spouse/Guest \_\_\_\_\_ Children \_\_\_\_\_

## HOW TO REGISTER

- Online: with a credit card at [www.aab.org](http://www.aab.org).
- Telephone: call (314)241-1445 with credit card information.
- Fax: fill out the registration form with credit card information and dial, (314)241-1449.
- Mail: fill out the registration form and mail with applicable payment to: AAB 2014 Conference, 906 Olive, Suite 1200, St. Louis, MO 63101-1448.

**CANCELLATION POLICY:** Fees will be refunded in full for cancellations received at least four (4) weeks prior to the Conference. Cancellations received more than ten (10) days and less than four (4) weeks prior to the Conference will be subject to a \$50 charge. No refund will be made for cancellations received less than 10 days prior to the Conference. However, substitutions may be made at anytime. Refunds will not be processed until after the Conference.

**Payment Method** ☐ Enclosed is my check, payable to AAB. Please charge my ☐ MC ☐ VISA ☐ AMEX ☐ Discover

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ CVC \_\_\_\_\_

\_\_\_\_\_ Card Verification Code

\_\_\_\_\_

Print name as it appears on card \_\_\_\_\_ Cardholder's signature \_\_\_\_\_

Register by May 1 and SAVE \$80 off Full Conference Registration.	On or Before May 1		After May 1	
	Member	Non-Member	Member	Non-Member
<b>Check one: I am primarily interested in:</b> <input type="checkbox"/> CRB <input type="checkbox"/> Technical <input type="checkbox"/> AAB/NILA (Management)				
<input type="checkbox"/> <b>Full Conference/CRB Symposium</b> (Thursday, May 15-Saturday, May 17) ..... <b>\$ 495</b> <small>Registration includes all lectures/handout materials and breaks for May 15-17 and continental breakfast, lunch and reception on May 15 &amp; 16.</small>	\$ 570	\$ 575	\$ 650	\$ _____
<input type="checkbox"/> <b>Trophectoderm Biopsy Workshop (Full Day)</b>				
<input type="checkbox"/> <b>Workshop ONLY</b> ..... <b>\$ 475</b>	\$ 550	\$ 550	\$ 625	\$ _____
<input type="checkbox"/> <b>DISCOUNTED Workshop (Save \$40):</b> Register for the Full Conference AND receive \$40 off the Workshop price..... <b>\$ 435</b>	\$ 510	\$ 510	\$ 585	\$ _____
Two identical workshops are available. Please indicate the session you wish to attend. <input type="checkbox"/> #1 - Tuesday, May 13 <input type="checkbox"/> #2 - Wednesday, May 14				
<input type="checkbox"/> <b>Daily Registration.</b> Please check day(s) attending.				
<input type="checkbox"/> <b>Thursday, May 15</b> ..... <b>\$ 260</b> <small>Registration includes all lectures/handout materials for May 15, reception, continental breakfast, breaks, and lunch.</small>	\$ 290	\$ 310	\$ 340	\$ _____
<input type="checkbox"/> <b>Friday, May 16</b> ..... <b>\$ 280</b> <small>Registration includes all lectures/handout materials for May 16, poster session/reception, continental breakfast, breaks and lunch.</small>	\$ 310	\$ 330	\$ 360	\$ _____
<input type="checkbox"/> <b>Saturday, May 17</b> ..... <b>\$ 110</b> <small>Registration includes all lectures/handout materials for May 17, and breaks.</small>	\$ 130	\$ 160	\$ 180	\$ _____
<input type="checkbox"/> <b>Guest Registration</b> ..... <b>\$ 240</b> <small>Includes continental breakfast, lunch and reception on May 15 &amp; 16.</small>	\$ 240	\$ 250	\$ 250	\$ _____
<input type="checkbox"/> <b>Conference Program Book Sponsor</b> , please print the following message: .....\$ 30	\$ 30	\$ 30	\$ 30	\$ _____
<b>TOTAL ENCLOSED</b> \$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>				

## Roundtables - CRB registrants: Indicate the roundtable you want to attend.

- ☐ FULL - Closed System Vitrification and Warming Using Cut Standard Straws, M. Gvakharina
- ☐ FULL - Current Status of Time-lapse Imaging for Selecting Embryos, C. Bormann
- ☐ Guidelines for Handling Infectious Patients in the IVF Lab, S. Jindal
- ☐ Improved IUI Pregnancy Outcomes via Enhancing Sperm Function with Platelet Activating Factor, B. Roudebush
- ☐ FULL - Incorporation of Time-Lapse Imaging (EmbryoScope™) into a Conventional Culture System, D. Walker
- ☐ FULL - Trials of Off-site Lab Directing, G. Celia
- ☐ FULL - Practical Aspects of Efficient Vitrification, Z.P. Nagy
- ☐ FULL - Quality Essentials for the IVF Lab, C. Chapman
- ☐ FULL - Naked and Afraid - Regulatory Surveillance for the Reproductive Laboratory, M. Clemmer
- ☐ Novel, Cost-effective Embryo Culture Systems, D. Monahan
- ☐ FULL - Sperm DNA Fragmentation as Related to Pregnancy Outcome & Toxicant Exposure, D. Evenson
- ☐ FULL - The Practical Embryologist: Problem Solving in the IVF Lab, A. Wong

**Lunch Selection** - Indicate the entree for each luncheon you/guest will attend. Applies to Full, Daily Thursday/Friday, and Guest registrations.

### Thursday:

- ☐ Lemon Chicken
- ☐ Salmon
- ☐ Vegetarian Option

### Friday:

- ☐ Filet Mignon
- ☐ Sea Bass
- ☐ Vegetarian Option

**Individual Tickets** - Contact the AAB office to purchase individual tickets for receptions, breakfasts and/or luncheons. Contact the AAB office by email at [aab@aab.org](mailto:aab@aab.org) or telephone: 314-241-1445.