

# 2017 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 2017 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 April 25 and save up to \$170 off your registration.		On or Before April 25		After April 25	
	Member	Non-Member	Member	Non-Member	Member	Non-Member
<input type="checkbox"/> <b>AAB/AMS Conference (Thursday, May 18-Friday, May 19)</b> ..... \$ 395 <small>Includes all lectures/handout materials, breaks, continental breakfasts and receptions on May 18-19, plus two roundtable luncheons (5/18 and 5/19).</small>	\$ 450	\$ 460	\$ 515	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>CRB Symposium (Thursday, May 18-Saturday, May 20)</b> ..... \$ 549 <small>Includes all lectures/handout materials and breaks on May 18-20; continental breakfasts and receptions on May 18-19; and breakfast rolls/coffee/tea on May 20, plus two roundtable luncheons (5/18 and 5/19).</small>	\$ 623	\$ 634	\$ 709	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Optional CRB Workshop (Wednesday, May 17)</b> ..... \$ 295 <small>Regulatory Preparedness and CAP Inspector Training, includes lecture/handout materials.</small>	\$ 370	\$ 380	\$ 455	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>CRB Symposium and Workshop Combo (Save \$75):</b> ..... \$ 769	\$ 918	\$ 939	\$ 1,089	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Daily Registration.</b> Please select day(s) attending. <small>Registration includes all lectures/handout materials, reception, breakfast, breaks, plus roundtable luncheon for that day, except on Saturday, which includes lectures/handout materials, breakfast rolls/coffee/tea, break.</small>						
<input type="checkbox"/> <b>AAB/AMS Conference Daily Thursday, May 18</b> ..... \$ 275	\$ 305	\$ 325	\$ 355	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>CRB Symposium Daily Thursday, May 18</b> ..... \$ 310	\$ 340	\$ 360	\$ 390	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>AAB/AMS Conference Daily Friday, May 19</b> ..... \$ 240	\$ 270	\$ 290	\$ 320	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>CRB Symposium Daily Friday, May 19</b> ..... \$ 310	\$ 340	\$ 360	\$ 390	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>CRB Symposium Daily Saturday, May 20</b> ..... \$ 99	\$ 129	\$ 149	\$ 179	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Guest Registration</b> ..... \$ 274 <small>Includes continental breakfasts, lunches and receptions on May 18-19.</small>	\$ 274	\$ 274	\$ 274	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Conference Program Book Sponsor</b> , please print the following message: ..... \$ 30	\$ 30	\$ 30	\$ 30	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Optional Trip to NASA's Space Center Houston Saturday, May 20, 9 am-5 pm, including travel time</b> ..... Total number of tickets requested: _____ x \$60.00 = \$ _____ <small>The trip is \$60 per person and includes roundtrip transportation and access to most Space Center Houston exhibits and activities, including the NASA Tram Tour.</small>						
<input type="checkbox"/> <b>Extra Tickets for Food Functions</b>						
<input type="checkbox"/> <b>Breakfasts:</b> <input type="checkbox"/> Thursday, May 18 - \$39 each <input type="checkbox"/> Friday, May 19 - \$39 each ..... Total number of tickets requested: _____ x \$39.00 = \$ _____						
<input type="checkbox"/> <b>Lunches:</b> <input type="checkbox"/> Thursday, May 18 - \$59 each <input type="checkbox"/> Friday, May 19 - \$59 each ..... Total number of tickets requested: _____ x \$59.00 = \$ _____						
<input type="checkbox"/> <b>Receptions:</b> <input type="checkbox"/> Thursday, May 18 - \$69 each <input type="checkbox"/> Friday, May 19 - \$69 each ..... Total number of tickets requested: _____ x \$69.00 = \$ _____						
<input type="checkbox"/> <b>Ticket Bundle - SAVE \$60: 1 each of ALL tickets for \$274</b> ..... Total number of tickets requested: _____ x \$274.00 = \$ _____						
<b>TOTAL ENCLOSED</b>						\$ _____

**Lunch Selection** - Buffet luncheons, including soup/salads/entrees/sides, will be served on Thursday, May 18, and Friday, May 19. The buffet on both days includes gluten free and vegetarian options. Please notify Shannon Hood at the AAB office if you have other dietary restrictions. Call (314)241-1445 or email [aab@aab.org](mailto:aab@aab.org).

**Questions? Contact the AAB office by email: [aab@aab.org](mailto:aab@aab.org) or telephone: (314)241-1445.**