

AAIM 118th ANNUAL MEETING REGISTRATION FORM



October 17-22, 2009 Savannah, GA

(Please print)

Last Name _____ First Name _____

Ms. Mrs. Mr. Dr. Position/Title _____

Company Name _____

Preferred Name (to appear on badge) _____

Mailing Address _____ City _____

State/Prov. _____ Country _____ Zip/Postal _____

Telephone (office) _____ Fax _____ Email _____

Dietary or Special Needs _____

Name of Spouse/Guest _____

Please indicate the name(s) of person(s) accompanying you, as it is to appear on badge.

*Please refer to the Program Guide and Registration Information for details on all sessions, meals and social activities.
The Guide is also available on the AAIM website at www.aaimedicine.org.

CONFERENCE REGISTRATION

Member, Non-Member, Emeritus and Underwriter registration fee includes: attendance at all scientific sessions (pre-conference course not included), all registration material, 5 breakfasts (Sunday to Thursday), 3 lunches (Sunday, Monday and Wednesday), Saturday Welcome Reception and Wednesday Farewell Dinner.

Spouse/Guest registration fee includes: 5 breakfasts (Sunday to Thursday), Saturday Welcome Reception and Wednesday Farewell Dinner. (Not available as a one-and-a-half day option.)

One-and-a-Half-Day registration fee includes: Sunday and Monday breakfast, lunch and scientific sessions, and Saturday Welcome Reception.

Intermediate Mortality Course registration fee includes: course materials and refreshments.

<u>PRE-CONFERENCE COURSES & WORKSHOPS</u>	Before September 4	After September 4	AMOUNT
<input type="checkbox"/> Intermediate Mortality Course	\$ 125 USD	\$ 125 USD	_____
<input type="checkbox"/> MIB Review Workshop	Complimentary	Complimentary	No charge
<input type="checkbox"/> Introduction to Electrocardiograms Workshop	Complimentary	Complimentary	No charge

<u>CONFERENCE REGISTRATION</u>	Before September 4	After September 4	AMOUNT
<input type="checkbox"/> Member	\$ 1300 USD	\$ 1500 USD	_____
<input type="checkbox"/> Non-Member	\$ 1450 USD	\$ 1600 USD	_____
<input type="checkbox"/> Emeritus	\$ 600 USD	\$ 600 USD	_____
<input type="checkbox"/> Underwriters, Member	\$ 850 USD	\$ 850 USD	_____
<input type="checkbox"/> Underwriters, Non-Member	\$ 995 USD	\$ 995 USD	_____
<input type="checkbox"/> Spouse/Guest	\$ 375 USD	\$ 450 USD	_____
<input type="checkbox"/> Guest under 16	\$ 300 USD	\$ 350 USD	_____
<input type="checkbox"/> One-and-a-Half Day (Sunday & Monday)	\$ 900 USD	\$ 950 USD	_____

<u>OPTIONAL DAYTIME ACTIVITIES AND TOURS</u>	# of Tickets	Ticket Price (each)	AMOUNT
Saturday, October 17, 2009			
<input type="checkbox"/> The Historic Downtown Trolley Tour	_____	\$ 50 USD	_____
Monday, October 19, 2009			
<input type="checkbox"/> Private Home Tour, Lunch and Shopping	_____	\$ 120 USD	_____
Wednesday, October 21, 2009			
<input type="checkbox"/> "Get-Out-of-Town and See the Low Country" Scenic Tour	_____	\$ 120 USD	_____

<u>ADDITIONAL TICKETS – EVENING ACTIVITIES</u>	# of Tickets	Ticket Price (each)	AMOUNT
* If you are registering as a Member, Non-Member, Emeritus, Underwriter or Spouse/Guest, these events are already included in your registration package.			
Saturday, October 17, 2009			
<input type="checkbox"/> Welcome Reception (Unregistered Guest)	_____	\$ 75 USD	_____
<input type="checkbox"/> Welcome Reception (Unregistered Guest under 16)	_____	\$ 35 USD	_____
Wednesday, October 21, 2009			
<input type="checkbox"/> Farewell Dinner (Unregistered Guest)	_____	\$ 125 USD	_____
<input type="checkbox"/> Farewell Dinner (Unregistered Guest under 16)	_____	\$ 100 USD	_____

TOTAL \$ _____

AAIM 118th Annual Meeting Registration Form (continued)

DELEGATE NAME: _____

METHOD OF PAYMENT

TOTAL PAYMENT: \$ _____ USD

Credit Card

Visa MasterCard American Express

Card No. _____ Expiry Date ____/____

Cardholder Name _____ Signature _____

Check or Money Order

Check Money Order

Your check or money order should be made payable to "American Academy of Insurance Medicine". Checks or money orders must be in U.S. dollars and drawn on a U.S. bank account.

Conference registrations are not considered confirmed until full payment is received. All conference registration fees must be paid prior to the commencement of the AAIM 118th Annual Meeting (October 17, 2009). This includes payment for all optional social events.

CANCELLATION POLICY

Refunds of registration fees, less a \$45 USD administration fee, will be issued for cancellations received by September 4, 2009. No refunds will be issued after this date. If you are unable to attend, you may substitute someone in your place. All cancellations and substitutions must be received in writing. Refunds will be processed after the meeting.




INQUIRIES

For registration inquiries, please contact the AAIM Executive Secretary by phone at (613) 226-9601 or (888) 211-3204 (toll free in North America only), by fax at (613) 721-3581 or by email at aaim@unconventionalplanning.com.

The Program Guide and the Registration Form are also available on the AAIM website at www.aaimedicine.org. (Please follow the link under "Meetings".)

As a registered delegate, your name and contact information will appear on the participant list.

PLEASE FORWARD YOUR REGISTRATION FORM USING ONE OF THE FOLLOWING OPTIONS:

Online		Mail		Fax	
	www.aaimedicine.org <i>(Please follow the link under "Meetings".)</i>		AAIM 118th Annual Meeting 32 Colonnade Road, Unit 100 Ottawa, ON K2E 7J6 Canada		(613) 721-3581 <i>(Credit card registrations only.)</i>