

**ASRC Spring Conference Registration—March 14-16, 2010**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Are you a member of ASRC? Y N or are you a member of FSRC? Y N

Your AARC number is \_\_\_\_\_

Are you a Nurse? Y N Are you employed in a sleep clinic? Y N Are you a student? Y N

Select a Break-Out Session for Monday afternoon.

2:00 sleep \_\_\_\_\_ adult critical care \_\_\_\_\_ neonatal/peds \_\_\_\_\_ management \_\_\_\_\_ student \_\_\_\_\_

3:00 sleep \_\_\_\_\_ home health \_\_\_\_\_ neonate/peds \_\_\_\_\_ disease management \_\_\_\_\_

**Cost:** ASRC or FSRC member \$ 135 \_\_\_\_\_

ASRC or FSRC Non-Member \$ 270 \_\_\_\_\_

Student \$ 45 \_\_\_\_\_

One day only \$ 50 \_\_\_\_\_ circle one: Sunday Monday Tuesday

After March 1, 2010 late fee \$ 30 \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Mail to ASRC, 550 County Road 474, Clanton, AL 35046**

**Make check payable to: ASRC**