



American Academy of Neurology and
American Academy of Neurology Foundation
Awards Luncheon
Wednesday, April 29, 2009 – 12:00 - 1:30 PM
Department Table Order Form

PLEASE PRINT CLEARLY:

Full Name of Institution: _____

Department Chair Name: _____

Contact Person Name: _____

Email: _____ Phone Number: _____

Fee: \$50 per person (waived for junior or medical student members)

- Department table reservations are due **by Friday, February 27, 2009**, and must include full payment.
- Department tables are limited to a minimum of 8 persons and a maximum of 10 persons. For fewer than 8 persons at a table, individual tickets may be purchased via the registration process at www.aan.com/go/reg.
- Cancellation/refund policy: No refunds or cancellations accepted after April 8, 2009.
- Confirmation email, including table number and names of attendees, will be emailed to department contact person by April 21, 2009.
- Department contact person is responsible for notifying department attendees.

	PRINT Name of Attendee	AAN Junior or Medical Student Member	Ticket Price \$50 (waived for junior or medical student members)
Seat 1		Yes/No	
Seat 2		Yes/No	
Seat 3		Yes/No	
Seat 4		Yes/No	
Seat 5		Yes/No	
Seat 6		Yes/No	
Seat 7		Yes/No	
Seat 8		Yes/No	
Seat 9		Yes/No	
Seat 10		Yes/No	
			TOTAL PRICE:

Make checks payable to: American Academy of Neurology, 1080 Montreal Ave, St. Paul, MN 55116

Or enter credit card information as follows: ___ Visa ___ MasterCard ___ American Express

Card Number: _____ Expiration date: ___/___

I authorize the AAN to charge the amount above to my credit card. _____

Signature

Fed ID# 41-0726167

**E-mail or fax this form no later than Friday, February 27, 2009, to
Nancy Poechmann at npoechmann@aan.com or 651-361-4912 (fax).**