

REGISTRATION FORM

ATTENDEE INFORMATION

PLEASE PRINT

AAWC MEMBER Member ID _____

TO OBTAIN YOUR MEMBER ID OR TO JOIN THE AAWC, VISIT WWW.AAWCONLINE.ORG.

WHS MEMBER Member ID _____

TO OBTAIN YOUR MEMBER ID OR TO JOIN THE WHS, VISIT WWW.WOUNDHEAL.ORG.

NPI NUMBER (REQUIRED FOR MD/DO, DPM, NP, PA) _____ STATE IN WHICH YOU ARE LICENSED _____

FIRST NAME _____ LAST NAME _____

SUFFIX/CREDENTIALS (JR., III, RN, MD, DPM, ETC.) _____

NAME AS IT WILL APPEAR ON YOUR BADGE INCLUDING CREDENTIALS (MAX 30 CHARACTERS) _____
PLEASE NOTE THAT COMMAS AND SPACES ARE CONSIDERED CHARACTERS.

TITLE _____ COMPANY/ORGANIZATION NAME _____

HOME ADDRESS 1 _____

HOME ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

TELEPHONE _____ FAX _____

EMAIL ADDRESS (CONFIRMATIONS WILL BE SENT VIA E-MAIL) _____

Professional Category PLEASE CHOOSE THE CATEGORY CLOSEST TO YOUR PROFESSION

- MD/DO DPM MSN/BSN/RN (CWCOCN, CWS, etc)
 MSN/BSN/RN (no certificate) NP PT Dietitian/nutritionist
 Pharm PhD Industry Researcher
 Health facility management (non-clinical) LPN/NA PA

In which care setting is the majority of your time spent?

- Home care Long-term care Hospital Private practice
 Wound care center/clinic University Vascular lab VA Hospital
 Hospice Research and industry Other _____

How did you find out about this year's meeting?

- Journal advertisement Direct mail Internet Email
 AAWC Prior attendee Google/other search engine Website
 SAWC sales rep card Colleague/employer WHS Other _____

Is this your first SAWC?

Are you a poster presenter? Yes No

Will you be attending the poster reception on 4/7/17? Yes No

Will you be attending the Meet the Mentors/Job Fair on 4/7/17? Yes No

Are you active military? Yes No (Visit sawcspring.com for active-duty military pricing.)

SESSION REGISTRATION

Please circle the main conference sessions, listed below, that you wish to attend.

DAY 1 WEDNESDAY, APRIL 5, 2017						
ARE YOU ATTENDING THIS DAY?	YES			NO		
DAY 2 THURSDAY, APRIL 6, 2017						
10:45 AM-11:45 AM	1	2	3	4	5	WHS F
1:45PM-2:45PM	6	7	8	9	10	WHS G
3:00PM-4:00PM	11	12	13	14	15	WHS H
4:15PM-5:15PM	16	17	18	19	20	WHS H
DAY 3 FRIDAY, APRIL 7, 2017						
9:15AM-10:15AM	21	22	23	24	25	WHS I
10:30AM-11:30AM	26		WHS J			
2:15 P.M.-3:15 P.M.	27	28	29	30	31	WHS K
4:45 P.M.-5:45 P.M.	32	33	34	35	36	WHS L
DAY 4 SATURDAY, APRIL 8, 2017						
9:15AM-10:15AM	37	38	39	40	41	WHS N
3:30 P.M.-4:30 P.M.	42	43	44	45		
4:45 P.M.-5:45 P.M.	46	47	48	49	50	
6:00 P.M.-7:30/8:00 P.M.	51	52				
DAY 5 SUNDAY, APRIL 9, 2017						
9:15 A.M.-10:15 A.M.	53	54	55	56	57	
10:30 A.M.-11:30 A.M.	58	59	60	61	62	
POST-CONFERENCE (ADDITIONAL FEES APPLY)						
1:30 P.M.-4:30 P.M.	63	64	65			

Pre-Registration Seating in certain sessions may be limited so be sure to register early. Registrations will be accepted by fax, mail, and the Internet. Registrations cannot be done through the phone. Fax and Internet registrations are for credit card payments only. Register online at www.sawcspring.com or complete the enclosed registration form and return it with your credit card payment or check made payable to HMP Communications.

All registration forms received without a method of payment will not be considered pre-registered and you will be required to register on site.
Register on the Internet www.sawcspring.com (credit card payments only)

Register by mail All checks must be drawn on a US bank in US funds and sent with your registration form to HMP Communications, Attention: SAWC Spring Registration Department, 70 East Swedesford Road, Suite 100, Malvern, PA 19355
Register by fax 610-560-0502

CONFERENCE REGISTRATION

CHOOSE MEMBER PRICING IF YOU ARE A MEMBER OF AAWC OR WHS

EARLY BIRD
by 1/13/17

ADVANCED
by 2/24/17

PRICING AFTER
2/24/17

Main Conference (Non-Healthcare Provider) \$619
Please note that if you are employed by industry, you must register as a Non-Healthcare Provider

Main Conference (PhD, MD, DPM) \$ _____
 Membership pricing \$450 \$465 \$495
 Non-member pricing \$560 \$585 \$619

Main Conference (RN, PT, PAs, office assistants) \$ _____
 Membership pricing \$300 \$345 \$405
 Non-member pricing \$379 \$430 \$509

Post-Conference \$ _____
 Membership pricing \$100 \$118 \$118
 Non-member pricing \$125 \$148 \$148

MVP (PhD, MD, DPM) \$ _____
 Membership pricing \$659 \$685 \$725
 Non-member pricing \$820 \$855 \$905

MVP (RN, PT, PAs, office assistants) \$ _____
 Membership pricing \$560 \$605 \$645
 Non-member pricing \$700 \$759 \$809

ADDITIONAL ENTRY OPTIONS (NO DISCOUNTS MAY BE APPLIED.)

One-Day Conference Pass \$400
 Choice of day (check one):
 Wed, April 5 Thurs, April 6 Fri, April 7 Sat, April 8 Sun, April 9

Guest Badge (Exhibit Hall Only) Must be a guest of a registered attendee. \$200

Order Chronic Wound Care: The Essentials

I would like to pick up my hardback copy at SAWC Spring | WHS \$99*
 I would like to pick up my softback copy at SAWC Spring | WHS \$79*
 I would like my copy shipped \$10

*BOOKS NOT PICKED UP AT THE SHOW ARE SUBJECT TO A \$10 S+H CHARGE.

SAWC Spring 2017 T-Shirt S M L XL XXL \$15

SAWC On-Demand Access \$185
 This will include all main conference sessions for which SAWC has received permission to record. Price includes tax. These sessions will not be accredited.

Student Rate \$99
 CONFIRMATION FROM A FACULTY MENTOR MUST BE SUBMITTED ALONG WITH THIS FORM.
 STUDENT RATE IS FOR MAIN CONFERENCE ONLY AND CANNOT BE COMBINED WITH ANY OTHER DISCOUNTS.

TOTAL PAYMENT ENCLOSED \$ _____

METHOD OF PAYMENT

CHOOSE FROM THE FOLLOWING OPTIONS

Check payable to HMP Communications.

Mail to 70 E. Swedesford Road, Suite 100, Malvern, PA 19355

ALL CHECKS MUST BE DRAWN ON A U.S. BANK IN U.S. FUNDS.

Credit Card (check one)

MasterCard Visa Discover American Express

NAME ON CARD _____

CREDIT CARD NUMBER _____

EXP. DATE _____ SECURITY CODE _____ BILLING POSTAL CODE _____

SIGNATURE OF CARDHOLDER (REQUIRED) _____

CANCELLATION POLICY

Please note the cutoff date for cancellation is March 1, 2017. All cancellations will be received in writing and postmarked by that date. Full registration (less a \$100 processing fee) will be refunded only to cancellations received in writing that are postmarked by the above date. No refunds will be issued after March 1, 2017 — without exception. Registrations are transferable at any time.

Posters Accepted posters will be presented at the SAWC Spring | WHS. Healthcare professionals from around the world will gather to learn from colleagues about cutting-edge technology and techniques to aid them in day-to-day patient management. Visit www.sawcspring.com for submission guidelines.

Other Educational Activities Available at the SAWC Spring | WHS. Keep an eye on your e-mail for notifications regarding industry-supported symposia being offered at the SAWC Spring | WHS. These sessions will be offered during breakfast, lunch and dinner hours. Please note that these sessions will not be offered to industry. Please note they fill up quickly.

Children Under no circumstances will children younger than 18 be allowed in the exhibit hall during installation or dismantle. For reasons of insurance, children younger than 18 are not permitted on the show floor. Because of limited seating capacity and the highly technical nature of the programs, children younger than 18 are not invited to attend presentations.