

# MEDICAL ETHICS REGISTRATION

TO REGISTER BY FAX : 813-830-6599 • BY MAIL : AAPS , 5550 W. Executive Drive, Suite 400, Tampa, FL 33609-1035 • 813-433-2277  
**NO ON-SITE REGISTRATION WILL BE ACCEPTED. SELECT YOUR REGISTRATION DATE BELOW.**

DATE	TIME	LOCATION	COST	REGISTRATION DEADLINE	COURSE SELECTION
Monday, March 12, 2012	8:00 a.m. to 5:00 p.m.	Hilton Garden Inn Tampa Airport/Westshore Reservations at 813-289-2700 Ask for AAPS Guaranteed Rate.	\$450	February 27, 2012	<input type="checkbox"/>
Friday, June 29, 2012	8:00 a.m. to 5:00 p.m.	Ritz-Carlton Marina del Rey Los Angeles, CA During 2012 Annual Meeting	\$450	June 22, 2012	<input type="checkbox"/>
Monday, September 24, 2012	8:00 a.m. to 5:00 p.m.	Hilton Garden Inn Tampa Airport/Westshore Reservations at 813-289-2700 Ask for AAPS Guaranteed Rate.	\$450	September 10, 2012	<input type="checkbox"/>

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell phone \_\_\_\_\_ Home/office phone \_\_\_\_\_  
 Email \_\_\_\_\_ Date of Certification Expiration \_\_\_\_\_

## PAYMENT INFORMATION

Payment Type :  Check Payable to AAPS  MasterCard  Visa  American Express  Discover  
 Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Billing Address: (if different from above) \_\_\_\_\_  
 Name (as appears on card): \_\_\_\_\_  
 Signature: \_\_\_\_\_