



8th Annual Neurocritical Care Society Meeting
September 15 – 18, 2010 | San Francisco Marriott Marquis
San Francisco, CA

REGISTRATION FORM

Pre-registration deadline is Wednesday, September 1, 2010. After that date, registrations will be accepted onsite.

Last Name _____ First Name _____ Middle Initial _____
 Degree _____ Specialty _____
 Hospital/Institution _____
 Street Address _____
 City _____ State _____ Country _____ Zip/Postal Code _____
 Phone _____ Fax _____ E-mail Address _____

MEETING OPTIONS:

FULL MEETING: Wednesday-Saturday
Includes the UCNS Review Course OR Clinical Workshops OR Science Symposium and the NCS Meeting.
 \$750 (Non NCS Member Physicians)
 \$650 (NCS Member Physicians)
 \$400 (Fellows/Residents/Students)
 \$400 (Nurses/Pharmacists/Medical Professionals/)

UCNS REVIEW COURSE ONLY:
 Wednesday-Thursday, September 15-16
 \$500 (Non NCS Member Physicians)
 \$400 (NCS Member Physicians)
 \$250 (Fellows/Residents/Students)
 \$250 (Nurses/Pharmacists/Medical Professionals)

NCS MEETING ONLY:
 Thursday-Saturday, September 16-18
 \$425 (Non NCS Member Physicians)
 \$325 (NCS Member Physicians)
 \$200 (Fellows/Residents/Students)
 \$200 (Nurses/Pharmacists/Medical Professionals)

ADDITIONAL REGISTRATION OPTIONS:

BASIC SCIENCE & TRANSLATIONAL MEDICINE SYMPOSIUM: Wednesday
NOTE: This symposium is included in the Full Meeting registration.
 \$100 (Non NCS Member Physicians)
 \$75 (NCS Member Physicians)
 \$50 (Fellows, Residents, Students)
 \$50 (Nurses/Pharmacists/Medical Professionals)

CLINICAL WORKSHOPS:
 Wednesday – Saturday, September 15-18
NOTE: Workshops are included in the Full Meeting registration.
 \$500 (Non NCS Member Physicians)
 \$400 (NCS Member Physicians)
 \$250 (Fellows, Residents, Students)
 \$250 (Nurses/Pharmacists/Medical Professionals)

GUEST BANQUET TICKET:
 Friday, September 17
 \$125 X _____ (# of tickets)

WORKSHOP SELECTION: If you registered for the Clinical Workshops (or Full Meeting option), please complete the next page and submit it with your registration form. SPACE IS LIMITED.

Payment Information

TOTAL PAYMENT: \$ _____ (Meeting fee plus Membership, if applicable)

The NCS invites you to become a member. Please check the appropriate box below to join today.

\$250 Physician \$150 Nurse, Pharmacist, Physician Assistant, and Medical Professional \$100 Trainee* (Student, Resident, Fellow)

* Payment must include letter with verification of status from your program director.

Please make check payable to: Neurocritical Care Society OR VISA MasterCard

Cardholder's Name (Print): _____

Card Number _____ Expiration date _____

Signature _____

NCS fully complies with the legal requirements of the ADA and the rules and regulations thereof. Please describe any special accommodations you need to participate fully in the NCS meeting. _____

*CANCELLATION POLICY: All cancellations occurring **after** August 16, 2010 are subject to a \$50 cancellation fee. Written notification of your cancellation is required in order to process your refund. NO REFUNDS WILL BE ISSUED AFTER SEPTEMBER 1, 2010.*

Mail completed form(s) to: NCS, 5841 Cedar Lake Road, Suite 204, Minneapolis, MN 55416 OR Fax to (952) 545-6073.

WORKSHOP SELECTION

Last Name _____ First Name _____ Middle Initial _____

INSTRUCTIONS: Space is limited. Please indicate your FIRST and SECOND choice for each day and time in the schedule below.

Example: If you would like to attend Intracranial Monitors, Percutaneous Tracheostomy, and Mechanical Ventilation on Wednesday, you might complete the chart as follows:

SAMPLE - Wednesday			
10:00 a.m. - 12:00 p.m.	1 Intracranial Monitors	<input type="checkbox"/> Airway Management	2 Mechanical Ventilation
1:00 p.m. - 3:00 p.m.	2 Simulation Codes	1 Percutaneous Tracheostomy	<input type="checkbox"/> Show me the money: Writing a business proposal and starting and running a neurocritical care unit
3:15 p.m. - 5:15 p.m.	2 Intracranial Monitors	<input type="checkbox"/> Airway Management	1 Mechanical Ventilation

Wednesday			
10:00 a.m. - 12:00 p.m.	<input type="checkbox"/> Intracranial Monitors	<input type="checkbox"/> Airway Management	<input type="checkbox"/> Mechanical Ventilation
1:00 p.m. - 3:00 p.m.	<input type="checkbox"/> Simulation Codes	<input type="checkbox"/> Percutaneous Tracheostomy	<input type="checkbox"/> Show me the money: Writing a business proposal and starting and running a neurocritical care unit
3:15 p.m. - 5:15 p.m.	<input type="checkbox"/> Intracranial Monitors	<input type="checkbox"/> Airway Management	<input type="checkbox"/> Mechanical Ventilation

Thursday			
7:30 a.m. - 9:30 a.m.	<input type="checkbox"/> Simulation Codes	<input type="checkbox"/> Percutaneous Tracheostomy	<input type="checkbox"/> Neuro-hospitalist Programs
10:00 a.m. - 12:00 p.m.	<input type="checkbox"/> Intracranial Monitors	<input type="checkbox"/> Airway Management	<input type="checkbox"/> Mechanical Ventilation

Friday		
8:00 a.m. - 10:00 a.m.	<input type="checkbox"/> Hypothermia/ Normothermia Management	<input type="checkbox"/> Developing a Continuous EEG Program
10:15 a.m. - 12:15 p.m.	<input type="checkbox"/> Transcranial Doppler Ultrasound	<input type="checkbox"/> How to Hire and Use Nurse Practitioners and Physician Assistants in Your ICU

Saturday			
9:15 a.m. - 11:15 a.m.	<input type="checkbox"/> Hypothermia/Normothermia Management	<input type="checkbox"/> Transcranial Doppler Ultrasound	<input type="checkbox"/> Imaging



HOTEL: Make your hotel reservations at the San Francisco Marriott Marquis by calling (888) 575-8938.

Discounted room rates are available for attendees at the rate of \$239 until **August 25, 2010** or until the NCS's block is filled. After this date, reservations are subject to availability.