



2026 Annual AACA Conference Registration Form

Name: _____ Guest Name(for Reception(s)): _____ Institution : _____
 Street Address: _____ City: _____ State/Providence _____
 Country: _____ Phone: _____ Fax: _____

Is this your FIRST AACA Annual Conference? **Yes** **No** Do you require a certificate of attendance? **Yes** **No** Please indicate if you will need accommodation to participate. **Wheelchair access** **Other:** _____

Entire Conference Package Saturday, June 12 - June 15
 (Includes all educational events, breakfasts, lunches, and evening events including the Awards Banquet)

Additional Tickets

	Member	Non-Member	Associate (Student, Post Doc, Resident)	Associate Non-Member (Student, Post Doc, Resident)		Member	Non-Member
Early Rates Until 5/5	\$650	\$810	\$450	\$600	Post Graduate Course: Rhoton Program- Head and Neck, Skull Base and Endoscopic Anatomy		
Regular after 5/5	\$675	\$835	\$475	\$625		\$75	\$100

One Day Pass (Friday, Saturday, or Sunday) – Associate Level Only
 (Includes all educational events and any meal functions for the date registered, Not eligible for Planstone access.)

Guest Tickets

	Member	Non-Member		
			Guest for All Evening Events (Welcome Reception, Fireside Chat, Awards Banquet & Dinner)	\$150
Friday	\$125	\$185	Welcome Reception - 6/12	\$40
Saturday	\$125	\$185	Fireside Chat: AI with Networking Cocktail Party - 6/13	\$40
Sunday	\$125	\$185	Banquet and Awards- 6/14	\$50

Consent For Use of Photographic Images: Registration and Attendance At, Or Participation In, AACA Meetings and Other Activities Constitutes an Agreement by the Registrant to AACA's Use and Distribution (Now and In the Future) of the Registrant or Attendee's Image or Voice in Photographs, Videotapes, Electronic Reproductions and Audiotapes of Such Events and Activities

Do you have any allergies, dietary restrictions, or other requirements that we need to be aware of for this event? _____

Will you be attending the Breakfast Meeting on Friday, **June 12** from 7:30 - 9:15 AM? **Yes** **No**

Will you be attending the Welcome Reception on **Friday, June 12** from 6:45 - 8:30 PM? **Yes** **No**

Will you be attending the ASC Lunch Meeting on Saturday, June 13 from 12:45 - 1:45 PM? **Yes** **No**

Will you be attending the EAC Breakfast Meeting on Sunday, June 14 from 7:30 8:30 AM? **Yes** **No**

Will you be attending the Banquet Dinner and Awards on Sunday, June 14 from 6:00 - 9:00 PM? **Yes** **No**

I give my permission to release my email address to both vendors and attendees. DO NOTE that if you check NO then your name will NOT be on the attendee list. **Yes** **No**

Will you be attending the CDC Lunch Meeting on Friday, **June 12** from 12:45 - 1:45 PM? **Yes** **No**

Will you be attending the CAT Breakfast Meeting on **Saturday, June 13** from 7:30 - 8:30 AM? **Yes** **No**

Will you be attending the Fireside Chat: AI with Networking Cocktail Party on **Saturday, June 13** from 6:30 - 8:00 PM? **Yes** **No**

Will you be attending the Annual Business Meeting Lunch on **Sunday, June 14** from 12:30 - 1:45 PM? **Yes** **No**

*If you are attending the Banquet, please select your meal choice **Filet Mignon** **Halibut with an orange pineapple pepper** **Cauliflower steak (Vegan)** **Not attending**

The Mayo Clinic dress code is business casual. Please note that jeans or denim shorts, t-shirts, sweatpants, and other casual attire are not permitted.

Please complete payment information on the following page

2026 Annual AACA Conference Payment Form

<p>FAX to 706.883.8215, e-mail aaca@clinical-anatomy.org or send to to: AACA 251 S S. L. White Blvd P.O. Box 2945 LaGrange, GA 30241 AACA Tax ID: 58-157822</p> <p>A check is enclosed payable to AACA Credit Card: Visa MC Amex Discover</p> <p>Card number: _____</p> <p>Exp: _____ CVV: _____</p> <p>Name on card: _____</p> <p>Billing Address _____ _____</p>	<p style="text-align: center;">Total Payment Amount</p> <p>I would like to join the AACA or renew my dues. \$170 Regular (Electronic) \$60 Affiliate (No Journal) \$60 Associate Student (Electronic) \$120 Associate/Postdoc/Resident (Electronic) \$120 Senior (Electronic)</p> <p>Registration Fee Unregistered Guest Fees</p> <p>Total Payment</p>
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