American Clinical Neurophysiology Society
555 E. Wells Street, Suite 1100
Milwaukee, WI 53202
Phone: 414-918-9803
Fax: 414-276-3349
Email: info@acns.org

26th Annual In-Service Examination Registration Form
February 4 – February 18, 2025

TRAINING PROGRAM, DIRECTOR INFORMATION

Please type or print clearly. The Director listed below will receive exam-related information, including copies of registration confirmations, proctor codes, and exam scores to the email address provided below.

Institution/Program: _____

Director Name: _____

Director Email: _____ Director Phone: _____

Please indicate the name and email address of any individual who should receive copies of registration confirmation emails only. Proctor codes and exam scores will be provided only to the Director listed above:

Name: _____ *Email:* _____

EXAMINEE INFORMATION

Please type print clearly and attach additional pages, if necessary.

Exam fees are based on the examinee's ACNS member status. Program Director's ACNS member status has no effect on exam fees. Please confirm examinee email addresses, as all exam-related information will be distributed via email to the addresses provided below.

	ACNS Member	Non-Member
Examinee #1: Name: _____	⊙	⊙
Examinee #2: Name: _____	⊙	⊙
Examinee #3: Name: _____	⊙	⊙

Email: _____

□ Neurology Resident* □ Clinical Neurophysiology Fellow* □ Attending Physician

*If Resident or Fellow – Training Graduation Date (MM/DD/YEAR): _____

Total Member Examinees: _____ x $99 = _____
Total Non-Member Examinees: _____ x $220 = _____

PAYMENT INFORMATION

□ Check Enclosed (made payable to "American Clinical Neurophysiology Society") ■ Visa □ MasterCard □ AmEx

Card Number: _____ Exp. Date: _____

Name on Card: _____

Authorized Signature: _____

Please complete and return this form (including payment of exam fees in full) by mail, fax or email no later than, Tuesday, January 28, 2025!