

## American Academy of Neurology 2024 Residency In-service Training Examination (RITE) Practicing Physician/Fellow Registration Form

Please **type or print clearly** the following information:

Last Name		First		Degree
AAN ID		_	_	
Address				
City		State	Zip	
Daytime Telepl	ime Telephone Email			
Neurology Res Neurology Res	gram Information: dency Program Name: Click o dency Program Number: Click	or tap here to enter text		
exam. Please a Testing Site Pro Testing Site Pro	te & Date: indicate the site's N lso indicate which date you wi ogram Name & Address: ogram ID: Click or tap here to ent □2/8/2024 □2/9/2024	ill be sitting for the exter text.	am.	,
Fee:	☐ \$350 AAN member	□\$450 AAN nonn	nember	
	Payment must be made in U.	nt must accompany regist	ration.	
	If paying by check, indicate "RITE 2024" in the memo line and make checks payable to the American Academy of Neurology Institute.  Credit card payments may be made over the phone with at (612)-928-6160.			
Deadline:	Applications and payment must be received on or before <b>December 8, 2023</b> . Please email a copy of the completed registration form to <a href="mailto:TheRITE@aan.com">TheRITE@aan.com</a>			
Cancellation:	All cancellations must be made in writing and received on or before <b>December 15, 2023</b> . There is a \$50.00 cancellation fee per examinee. No refunds will be issued after December 15, 2023.			
Please remit w	ith payment to: American Aca	ademy of Neurology I	nstitute	

ATTN: Accounts Receivable 201 Chicago Avenue Minneapolis, MN 55415 Federal ID 41-0726167