



Annual Meeting Registration Form
American College of Surgeons Oregon – Washington Chapters
June 16 – 19, 2010 Sunriver Resort



Registration Contact Information

Please neatly fill in the form completely

First Name _____ Last Name _____ Middle Initial _____
 Company/ Institution/Practice _____
 Designation (Title/Degree) _____ Specialty _____
 Address _____
 City _____ State _____ ZIP _____
 Office Phone _____ Fax _____
 E-Mail _____ Special Meals Request: _____ Vegetarian _____ Vegan _____
 ACS Mbr.? Yes _____ No _____ ACS Mbr. Number _____ Today's Date _____
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Registration Type (Check One)

___ ACS Fellow ___ Young Fellow ___ Retired ___ Candidate or Medical Student ___ RN ___ PA ___ Non-Member MD ___ Office Staff

Registration Fee (Check All That Apply)

Quant.	Classification	Advance Registration (Received before June 2nd)	Regular Registration (Received after June 2nd)	Applicable Fees
___	ACS Fellow	\$295	\$345	
___	Young Fellow, Retired, RN, PA or Office Staff	\$200	\$250	
___	Candidate, Resident or Medical Student	\$150	\$200	
___	Non-Member MD	\$350	\$400	
___	Spouse/Guest/Children over 18 yrs.	\$100	\$150	
___	Children – Ages 12 -17	\$50	\$100	
___	Children – Ages 11 and Under	Free	Free	
___	Optional Breast Ultrasound Course – Sat. 6/19	\$150	\$150	
		Total Fees Due		

Guest Names (Please list names for Badges)

Adult Guests _____ Children Guests _____
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Symposium Registration Payment

Payment by Check – Make check payable to: Oregon Chapter ACS
 Payment by Credit Card ___ AMEX ___ VISA ___ MasterCard _____ Amount \$ _____
 Card Account # _____ Exp. Date _____ Security Zip Code of Card _____
 Signature _____

Cancellations—Made by June 2, 2010 will receive refunds less a \$50 handling fee. Cancellations after June 2, 2010 are nonrefundable, but may be transferred to another person.

Return This Form to: Oregon Chapter of the ACS, PO Box 55454, Portland, OR 97238

Questions? 503-342-3430 (phone or fax) or Alan Morasch, Oregon ACS Chapter Administrator at alan@oregonchapteracs.org