

# 2017 ANNUAL SCIENTIFIC MEETING REGISTRATION FORM

SOUTHERN CALIFORNIA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS  
 January 20-22, 2017 • Four Seasons Resort The Biltmore Santa Barbara • Santa Barbara, California

Fill out form completely. Please print information clearly.

Your Full Name \_\_\_\_\_

Street Address / Suite / Apartment Number (if applicable) \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**EARLY BIRD REGISTRATION ENDS ON DECEMBER 15, 2016.** Registrations received after that date are automatically charged and the delegate is expected to pay the late registration fee levels.

**SPEAKERS AND PRESENTERS**

All chapter members participating in the program are expected to register and to pay appropriate fees. All residents participating in the program are expected to pre-register.

**REGISTRATION OPTIONS**

**FULL SCCACS CONFERENCE**

Includes General ACS Meetings, Specialty Section Sessions and Social Functions, including breakfast daily, Friday and Saturday Receptions and lunch both days.

**SPECIALTY SECTION ONLY**

Includes Specialty Section meeting only, no meal or social functions.

**RESIDENT, STUDENTS AND FELLOWS**

Meetings and all Meal and Social Functions. **Advanced registration required.**

**SPOUSE REGISTRATION**

Includes all meals and social functions as listed above.

**ONLINE REGISTRATION IS ALSO AVAILABLE AT... WWW.SOCALSURGEONS.ORG**

**SCIENTIFIC SESSION REGISTRATION**  
 (Check only one)

	EARLY BIRD BY DECEMBER 15	LATE REGISTRATION AFTER DECEMBER 15	AMOUNT DUE
<input type="checkbox"/> Chapter Member	\$415	\$465	\$ _____
<input type="checkbox"/> Non-ACS Chapter Member	\$515	\$565	\$ _____
<input type="checkbox"/> Active Duty Military	\$215	\$265	\$ _____
<input type="checkbox"/> Retired Surgeons	\$210	\$235	\$ _____
<input type="checkbox"/> Residents, Students and Fellows	\$ 0	\$ 45	\$ _____
<input type="checkbox"/> Specialty Section Only – Which Section? _____	\$185	\$210	\$ _____
<input type="checkbox"/> Daily Registration Fee – Specify Day: _____	\$255	\$295	\$ _____
<input type="checkbox"/> Women in Surgery Luncheon (All participants.)	\$ 25	\$ 45	\$ _____
<input type="checkbox"/> Spouse (Name: _____ )	\$ 75	\$ 95	\$ _____
		<b>TOTAL ENCLOSED</b>	\$ _____

Make checks payable to "SCCACS." Mail with completed form and payment in full to:  
 SCCACS  
 2512 Artesia Boulevard  
 Suite 200  
 Redondo Beach, CA  
 90278

**CHARGE MY:**  VISA  MASTERCARD  AMERICAN EXPRESS

Name (As it appears on card. Please print.) \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone (Incl. area code) \_\_\_\_\_

SIGNATURE (As it appears on card.) \_\_\_\_\_

**EARLY BIRD REGISTRATION ENDS ON DECEMBER 15, 2016,** after which late fee rates are **automatically** applied. Payment in full, in U.S. Dollars, is required prior to admittance and must accompany this form to qualify for Early Bird registration fees.

**CANCELLATION & REFUND POLICY**  
 Cancellations must be received in **writing** by January 9, 2017, to receive a refund. A \$50 handling charge will be deducted from all refunds. No refund will be provided for cancellations received after January 9, 2017.

**MEETING MATERIALS**  
 The final program, name badges and tickets will be available at the registration desk.

**QUESTIONS? Call 310.379.8261; or fax to 310.379.8283; or email to administrator@socialsurgeons.org.**

**PAYING BY CREDIT CARD? SAVE TIME & REGISTER ONLINE AT WWW.SOCALSURGEONS.ORG**