

2019 ANNUAL SCIENTIFIC MEETING REGISTRATION FORM

Southern California Chapter of the American College of Surgeons • January 25–27, 2019
 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 _____

Email _____

EARLY BIRD REGISTRATION ENDS ON DECEMBER 22, 2018

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 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. **Advance 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 22 | LATE REGISTRATION AFTER DECEMBER 22 | AMOUNT DUE |
|--|------------------------------|--|---------------|
| <input type="checkbox"/> Chapter Member | \$425 | \$475 | \$ _____ |
| <input type="checkbox"/> Non-ACS Chapter Member | \$525 | \$575 | \$ _____ |
| <input type="checkbox"/> Active Duty Military | \$245 | \$295 | \$ _____ |
| <input type="checkbox"/> Residents and Fellows | \$ 35 | \$ 55 | \$ _____ |
| <input type="checkbox"/> Students | \$ 0 | \$ 55 | \$ _____ |
| <input type="checkbox"/> Retired Surgeons | \$245 | \$295 | \$ _____ |
| <input type="checkbox"/> Specialty Section Only – Specify which Section: _____ | \$195 | \$220 | \$ _____ |
| <input type="checkbox"/> Daily Registration Fee – Specify Day: _____ | \$265 | \$310 | \$ _____ |
| <input type="checkbox"/> Women in Surgery Luncheon (All participants.) | \$ 30 | \$ 55 | \$ _____ |
| <input type="checkbox"/> Spouse (Name: _____) | \$ 85 | \$100 | \$ _____ |
| TOTAL ENCLOSED | | | \$ _____ |

Make checks payable to "SCCACS"

Mail with completed form and payment in full (in US. Dollars) 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+Area Code) _____

SIGNATURE (As it appears on card.) _____

EARLY BIRD REGISTRATION ENDS ON DECEMBER 22, 2018

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 18, 2019, to receive a refund. A \$50 handling charge will be deducted from all refunds. No refund will be provided for cancellations received after January 18, 2019.

MEETING MATERIALS

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

**Questions? Call 310.379.8261,
 or Fax 310.379.8283.**

Email – administrator@socialsurgeons.org

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