

2025 SOUTHERN CALIFORNIA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS Annual Scientific Meeting Registration Form January 10-12, 2025 • The Ritz-Carlton Bacara • Santa Barbara, California

	Telephone		Email	
information clearly.	Street Address / Suite/Apartment Number (if applicable)	City	State	Zip Code
Please print				
completely	Your Full Name			
Fill out form				

EARLY BIRD REGISTRATION CLOSES ON DECEMBER 12, 2024

Registrations received after that date are automatically charged & the delegate is expected to pay the late registration fee levels.

SPEAKERS & PRESENTERS

All participants in the program are expected to register and to pay appropriate fees. All residents/students participating in the program are expected to pre-register.

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REGISTRATION OPTIONS

FULL SCCACS CONFERENCE

Includes General Plenary Sessions, Specialty Section Sessions and Social Functions, including Breakfast daily, Friday and Saturday Receptions and Lunch both days.

RESIDENTS, STUDENTS & FELLOWS

Includes meeting and all meals and social functions. Advance registration required.

SPOUSE/GUEST REGISTRATION

Includes Friday and Saturday social functions/ receptions.

OPTIONAL ITEMS

SCCACS will be using an event app for the meeting. There is a nominal charge for an optional printed program book.

ONLINE REGISTRATION AVAILABLE AT WWW.SOCALSURGEONS.ORG

(Check only one)	REGISTRATION	_	ARLY BIRD DECEMBER 12	AFTER DECEMBER 12	2	AMOUNT DUE		
Chapter Member			\$460	\$510	\$			
Non-ACS Chapter Me	mber		\$675	\$725	\$			
Active Duty Military			\$265	\$315	\$			
Residents and Fellows			\$100	\$125	\$			
Students			\$100	\$125	\$			
Retired Surgeons			\$265	\$315	\$			
Daily Registration Fee	- Specify Day:							
			\$275	\$320	\$			
Spouse (Name:)	\$ 90	\$105	\$			
OPTIONAL ITEMS		/	Ψ / Ο	Ψ103	Ψ			
			\$ 20	\$ 30	ď			
	→ Printed Program Book→ 2025 SCCACS Fellow/Associate Dues			•				
	ASSOCIATE DUES ear. Renew Chapter membership for 2025, or join no	ow for membe	\$200 r	\$200	>			
	to FACS or ACS Associate Members only - status will							
2025 SCCACS Resider		,,	\$ 0	\$ 0	\$			
ACS Resident Membership required	nt Member and you wish to be an SCCACS Member as - status will be verified.)	well.		TOTAL ENCLOSED	\$			
	ns with Disabilities Act, do you req you have any dietary needs or rest			• •				
Make checks payable to	CHARGE MY: 🔲 VISA 🔲 MA	STERCAR	D AMERICA	AN EXPRESS				
"SCCACS" Mail with completed	Name (As it appears on card. Please print.)							
form and payment in full (in US Dollars) to:	Card Number							
SCCACS	Expiration Date / Security Code							
2512 Artesia Boulevard Suite 230								
Redondo Beach, CA 90278	Billing Address							
	City	Sta	ate Zip	Phone+Area Cod	e			
	SIGNATURE (As it appears on card.)							

EARLY BIRD REGISTRATION ENDS ON DECEMBER 12, 2024

After December 12, late fee rates are AUTOMAT-ICALLY applied. PAYMENT IN FULL 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 December 27, 2024, to receive a refund. A \$50 handling charge will be deducted from all refunds. No refund will be provided for cancellations received after December 27, 2024.

MEETING MATERIALS

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

> Questions? Call 310.379.8261, or Fax 310.379.8283. Email - info@SoCalSurgeons.org