

**2010 PRE-REGISTRATION FORM**

Registrant's Name \_\_\_\_\_

Telephone Numbers: Business \_\_\_\_\_ Fax \_\_\_\_\_ Home \_\_\_\_\_

Spouse/Guest Name (circle) (if attending meeting) \_\_\_\_\_

Address to which acknowledgement should be sent \_\_\_\_\_

Pre-registration must be received by January 15, 2010, to get discounted registration. A registration fee is required for the post-graduate courses on Saturday. **Residents must register** for the Residents' Forum on Saturday although no fee is charged. Refunds can be made only if cancellations are received before the meeting begins; a cancellation fee of \$100 will be charged. No refunds can be made for cancellations after the meeting begins on February 20, 2010. For additional information, call 678/965-2422. **Pre-registration closes on February 5, 2010. All registrations after February 5, 2010, will be taken on-site.**

**ALL SPEAKERS AND POSTER PRESENTERS ARE REQUIRED TO REGISTER AND PAY APPROPRIATE FEES.**

**To register at member rates, a membership application, dues payment, and registration form MUST be received NO LATER than DECEMBER 1, 2009; membership information can be obtained on the web, www.sesc.org, or by calling the office, 678/965-2422.**

**Circle the Applicable Fees**

|   | <b>SURGEONS</b>             |                       | <b>RESIDENTS</b> |                        |                         |                       |
|---|-----------------------------|-----------------------|------------------|------------------------|-------------------------|-----------------------|
|   | <b>Member<br/>SESC/SWSC</b> | <b>Non<br/>Member</b> | <b>Member</b>    | <b>*Non<br/>Member</b> | <b>*Med<br/>Student</b> | <b>*Nurse<br/>*PA</b> |
| Residents' Forum  | NA                          | NA                    | 0                | 0                      | 0                       | 0                     |
| PostGraduate Course -<br><b>Reoperative Surgery</b>         |                             |                       |                  |                        |                         |                       |
| Before January 15   | 220                         | 295                   | 170              | 200                    | 35                      | 170                   |
| After January 15  | 295                         | 370                   | 195              | 225                    | 35                      | 195                   |
| Scientific Meeting -<br><b>Includes Sunday thru Tuesday</b> |                             |                       |                  |                        |                         |                       |
| Before January 15   | 465                         | 705                   | 275              | 355                    | 35                      | 200                   |
| After January 15  | 525                         | 785                   | 355              | 435                    | 35                      | 280                   |

Enter total amount for registration \$ \_\_\_\_\_

**TICKETS**

- Welcome Reception - 5:30 - 7:00 PM Saturday # \_\_\_\_\_ @ \$ 0 = \$ \_\_\_\_\_
- Residents' Only Luncheon - 12:00 Noon Saturday # \_\_\_\_\_ @ \$ 40 = \$ \_\_\_\_\_
- Sunday Guest Speaker Luncheon # \_\_\_\_\_ @ \$ 40 = \$ \_\_\_\_\_
- Monday Business Meeting - Members Only # \_\_\_\_\_ @ \$ 0 = \$ \_\_\_\_\_
- Monday Business Meeting - Spouses and Guests # \_\_\_\_\_ @ \$ 40 = \$ \_\_\_\_\_

Total Amount for Tickets \$ \_\_\_\_\_

Total Registration and Tickets \$ \_\_\_\_\_

**\*NOTE:** Non-member residents, interns, medical students, nurses, as well as physician assistants, must have a letter from their schools, hospitals, or surgeons to attend at these special rates.

**Payment must accompany registration. Make check payable to Southeastern Surgical Congress and mailed to 115 Samaritan Dr, #200, Cumming, Georgia 30040. If paying by credit card, you may FAX this form to 678/965-2278, or register on-line at www.sesc.org.**

| <b>Payment Method</b>                |                               |                             |                               |
|--------------------------------------|-------------------------------|-----------------------------|-------------------------------|
| <input type="checkbox"/> Check       | <input type="checkbox"/> AMEX | <input type="checkbox"/> MC | <input type="checkbox"/> VISA |
| Card Number _____                    |                               |                             |                               |
| Expiration Date _____                |                               |                             |                               |
| Signature _____<br>(for credit card) |                               |                             |                               |