

Registration Form

Arizona Chapter

American College of Surgeons

2019 Annual Symposium

September 20-22, 2019

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

I would like to Mentor a Medical Student at the meeting.

(No charge to you.)

AzACS Member #460-200	\$200.00	<input type="checkbox"/>
IHS Surgeon #460-200	\$200.00	<input type="checkbox"/>
Non-Member #460-200	\$250.00	<input type="checkbox"/>
Retired Member/Surgical Nurse #460-200	\$100.00	<input type="checkbox"/>
<i>NEW: Sponsor a Medical Student</i> #471-200	\$50.00	<input type="checkbox"/>
Resident Member #460-200	\$ 0.00	<input type="checkbox"/>
Medical Student #460-200	\$ 0.00	<input type="checkbox"/>
Resident/Medical Student <u>Dinner</u> #460-200	\$15.00	<input type="checkbox"/>
Saturday, Sept. 22 <u>Dinner</u> #460-200	\$65.00	<input type="checkbox"/>
I wish to bring a guest to <u>Dinner</u> #460-200	\$65.00	<input type="checkbox"/>

Total Charges \$ _____

Make check payable to: Arizona Chapter, American College of Surgeons or pay by credit card and send to *our new offices* at: 2401 W Peoria Ave. Suite 130, Phoenix, AZ 85029. Any questions, please contact Joni Bowers at 602-347-6904, fax 602-242-6283, email: joni@azmed.org.

Credit Card # _____

Expiration Date: _____ Security Code/CVV# _____

Billing Address: _____

Email Receipt to: _____

Cancellations received up to 2 weeks preceding the conference will be refunded minus a \$20.00 administrative fee. No refunds will be made on cancellations received after **August 31, 2019**.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting Joni Bowers at (602) 347-6904. Requests should be made as early as possible to allow time to arrange.