



2010 Fifth Annual ASC Registration Form

February 3-5, 2010

San Antonio Marriott Rivercenter, San Antonio, Texas

To register online go to www.academicsurgicalcongress.org

Early Registration closes on January 11, 2010. After that date, please register onsite.

Prefix: Prof. Dr. Mr. Mrs. Ms.

First Name		Middle	Last Name		Suffix	Degree
Title / Rank				Department		
Specialty						
Institution/Company Name (Hospital, Clinic etc.)						
Address						
City			State/Province	Zip/Postal Code		Country
Telephone				Fax		
Email Address					Your Age	Gender

Please identify if you are a member of AAS or SUS: AAS Member # _____ SUS Member # _____

	Prior to 12/1/09	Prior to 1/11/10	After 1/11/10 and onsite	
AAS/SUS Member (will be verified)	\$425	\$525	\$600	PLEASE CIRCLE
Non-Member Rate	\$525	\$625	\$650	APPLICABLE RATE
Trainee Rate (Resident, Fellow, Student, Etc.)	\$275	\$375	\$425	AND ENTER BELOW

Guest Registration

Enter the name(s) of your guest(s) that is (are) in addition to your registration. The cost of each Guest Registration is \$175. Guest registration includes social events and access to the Exhibit Hall. Guests must accompany a registrant.

Does not include additional / optional items.

FIRST NAME: _____ LAST NAME: _____

FIRST NAME: _____ LAST NAME: _____

FIRST NAME: _____ LAST NAME: _____

Number of Guests: _____ x \$175 \$ _____

\$ _____

Additional / Optional Items

- Association of Women Surgeons Dinner Tickets: \$125.00 Each \$ _____
- Animate/Hands-On Component Separation Herniorrhaphy Lab - Friday, Feb. 5 \$100.00 Before Dec 15, \$150 After \$ _____
Please note that space is limited, so please register only if you are interested in hernia repair.
- Animate/Hands-On Beginner and Advanced Liver Ultrasound Modules - Friday, Feb. 5 \$100.00 Before Dec 15, \$150 After \$ _____
Please note that space is limited, so please register only if you are interested in liver ultra sound.

Payment Processing Fee \$ **3.00**

GRAND TOTAL: \$ _____

I would like to pay by check. Please make check payable in U.S. funds to ASC.

MasterCard Visa AMEX Name on Credit Card: _____

Credit Card #: _____ Expiration Date: _____ Verification Code _____

Credit Card Billing Address: _____

Signature: _____

If you have a disability that requires special needs or accommodations, please list. _____

Cancellations & Refunds

To receive a refund, less a \$75.00 administration fee, cancellations must be in writing and sent by email or fax and must be received by January 11, 2010.

For more information or questions please contact us:

341 North Maitland Avenue, Suite 130, Maitland, FL 32751

Phone: 407-647-8839/Fax: 407-629-2502