



**2012 Seventh Annual ASC Registration Form**  
**February 14-16, 2012 • Encore, Las Vegas, NV**  
 To register online go to <http://www.academicsurgicalcongress.org/>  
**Pre-Registration closes on January 22, 2012 at midnight. After that date, please register onsite.**  
**We cannot accept fax registrations for the safety and privacy of the registrants.**

**Bold Fields are required**

Prefix: \_\_\_\_\_ **First Name:** \_\_\_\_\_ Middle: \_\_\_\_\_ **Last Name:** \_\_\_\_\_ Suffix: \_\_\_\_\_

**Title:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Institution/Company Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Address 1:** \_\_\_\_\_

**Address 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Please identify if you are a member of AAS or SUS in good standing (this information will be verified)**

**AAS Member**       **SUS Member**       **AAS & SUS Member**       **Neither**

	<b>Early Bird</b>	<b>Pre-Registration</b>	<b>Onsite</b>
	<i>Midnight 12/5/11</i>	<i>Midnight 1/22/12</i>	<i>On &amp; After 1/23/12</i>
AAS/SUS Member ( <i>will be verified</i> )	\$495	\$595	\$695
Non-Member Rate	\$650	\$750	\$850
Trainee Rate*	\$325	\$425	\$525

\*The Trainee Rate is for residents, students, fellows, allied health, etc. Please include email address of someone who can verify your trainee status. If your status is not verified prior to 1/22/12 or you leave the email field blank, you will be responsible for the higher registration rate prior to the meeting or onsite. Onsite registrations please bring confirmation letter with you to verify your trainee status or we cannot honor the trainee rate.

Trainee Verification Email: \_\_\_\_\_

**Registration Amount (circle above):** \$ \_\_\_\_\_

**Guest Registration Information**

**Guest Name(s):** (Use this section to enter the name of your guest that is in addition to your registration. The cost of Guest Registration is \$175.00 each. Guest registration includes all social events and the Exhibit Hall. Guest must accompany a registrant.)

**GUEST ONLY REGISTRATIONS ARE NOT PERMITTED.**  \$175.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

**GUEST 1 FIRST NAME:** \_\_\_\_\_ **GUEST LAST NAME:** \_\_\_\_\_

**GUEST 2 FIRST NAME:** \_\_\_\_\_ **GUEST LAST NAME:** \_\_\_\_\_

**GUEST 3 FIRST NAME:** \_\_\_\_\_ **GUEST LAST NAME:** \_\_\_\_\_

**Payment Processing Fee (REQUIRED)** \$ 5.00

**Payment Information:**

**GRAND TOTAL:** \$ \_\_\_\_\_

I would like to pay by check. Please make check payable in U.S. funds to ASC. List the registrant's name on the check.

**CHECKS** - Must be mailed prior to January 15, 2012 to arrive in our office prior to the deadline date.

For check payments, please register online, just close out on the payment page.

We will match the registration to the check when it arrives in the mail.

When the registration office processes your payment, we will forward a receipt to the registrant's email address.

Credit cards are accepted online - only. **To register online go to <http://www.academicsurgicalcongress.org/>**

Signature: \_\_\_\_\_

My signature verifies that if I am not a member in good standing or a trainee that can be verified, I will pay the additional registration cost.

**Cancellations & Refunds:** To cancel and receive a refund, less a \$75.00 administration fee, cancellations must be in writing and sent by email (mindy@crowsegal.com) or fax (407-629-2502) and must be received by January 15, 2012.

*If you have a disability that requires special needs or accommodations, please contact us at the office.*

**For more information or questions please contact us:**

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

Phone: 407-647-7714/Fax: 407-629-2502