



REGISTRATION

REGISTRANT CATEGORY

Check one category below.

Registration fee includes daily breakfast, breaks, scientific sessions, postgraduate symposium, Reception, and Presidential Reception.
There are additional fees for the Optional Activities, as outlined below

- SWSC Fellow
- Retired SWSC Fellow
- Spouse / Companion
- New Fellow/Associate Member (joined in the past 12 months)
- Non Member Physician
- New Member Join & Save
- One Day Registration
- Resident / Intern / Nurse
- Medical Student

REGISTRANT INFORMATION

Please print your name as you would like it to appear on your name badge.

FIRST NAME _____ LAST NAME _____

INSTITUTION _____

BIRTH DATE (e.g. 01/01/2009) _____ SURGICAL SPECIALTY _____

WORK ADDRESS _____ CITY/STATE/ZIP _____

OFFICE PHONE _____ FAX _____

E-MAIL ADDRESS _____ SPOUSE/COMPANION _____

REGISTRATION FEES

	BY FEB 24	AFTER FEB 24	REGISTRATION FEES
SWSC Fellow	\$450	\$520	\$ _____
New Fellow & Associate Member (joined in the past 12 months)	\$225	\$250	\$ _____
Retired SWSC Fellow	\$225	\$250	\$ _____
Non Member Physician	\$520	\$570	\$ _____
Resident / Intern / Nurse *	\$225	\$250	\$ _____
Medical Student *	\$150	\$200	\$ _____
New Member - Join & Save (Joining now)	\$450	\$520	\$ _____
*To qualify for the reduced fee, Residents, Interns, Medical Students and Nurses must present a letter from their Chief of Surgery or training institution with their registration form.			
Spouse / Companion	\$225	\$250	\$ _____
One Day Registration	\$150	\$200	\$ _____

OPTIONAL ACTIVITIES & FEES

Please indicate below the functions you plan to attend.

	TOTAL # ATTENDING	ADDITIONAL FEE	FEES
SUNDAY, MARCH 25			
PG Course: Current Controversies in Breast Cancer		No Charge	\$ _____
MONDAY, MARCH 26			
Golf Tournament		TBD	\$ _____
Tennis Tournament		TBD	\$ _____
NOTE: We will contact you if there is sufficient interest to organize a tournament			
TUESDAY, MARCH 27			
GME Luncheon (for Residents and Program Directors)		No Charge	\$ _____
SWSC Reception		No Charge	\$ _____
SWSC Tax ID # 73-0588502		GRAND TOTAL	\$ _____

Program Book Format Preference: PDF Format Hardcopy

PAYMENT INFORMATION

Full payment must be received with the registration form via a check, payable to SWSC, or by credit card by filling out the information below. NO BALANCE DUES ARE PERMITTED.

- American Express
- MasterCard
- VISA
- Discover
- Check

If paying by credit card, please provide the following:

NAME AS IT APPEARS ON CARD _____

CARD NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____

MAILING ADDRESS _____ CITY/STATE/ZIP _____

Please complete **ONE** form for **EACH** physician registrant.

Register prior to February 24th and **SAVE!**

IF PAYING BY CREDIT CARD

You may register by faxing this form to 913.273.9940.

IF PAYING BY CHECK

Please mail your completed registration form, along with payment to:

Southwestern Surgical Congress
PO Box 412964
Kansas City, MO 64141

CANCELLATION POLICY

Registration cancellations received in writing and sent to the address above by February 24, 2012 will be refunded, less a \$100 administrative fee. All refunds will be processed immediately following the conference. No refunds for cancellations received after February 24, 2012.

Meeting Confirmations will be e-mailed to the e-mail address provided in the "Registrant Information" section above.

REGISTRATION QUESTIONS?

Contact the SWSC Headquarters

PHONE
913.402.7102

FAX
913.273.9940

EMAIL
meetings@swscongress.org

