



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

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 24<sup>th</sup> 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**

