REGISTRATION FORM

REGISTRANT CATEGORY

Please complete ONE form for each physician registrant. Check one category below:

☐ WSA MEMBER ☐ PHYSICIAN GUEST* ☐ RESIDENT

_____

**(include name of sponsoring WSA member)*

_____

SPOUSE / GUEST NAME *(if attending)* - *(as you would like it to appear on name badge)*

_____

SPOUSE/GUEST EMAIL

REGISTRANT INFORMATION

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

_____

FIRST NAME LAST NAME

_____

INSTITUTION

_____

ADDRESS

_____

CITY / STATE / ZIP

_____

OFFICE PHONE FAX

_____

E-MAIL ADDRESS

_____

OFFICE CONTACT

REGISTRATION QUESTIONS?

PO Box 411654, Kansas City, MO 64141
Telephone: 913-402-7102 | Fax: 913-273-9940
Email: meetings@westernsurg.org | Web: www.westernsurg.org

REGISTRATION FEES

	POSTMARKED BY OCT 16	POSTMARKED AFTER OCT 16	REGISTRATION FEES
Member / Physician Guest	$400	$450	$_____
Spouse / Guest	$200	$200	$_____
Resident	No Fee	No Fee	$ 0

OPTIONAL ACTIVITIES	TOTAL # ATTENDING	NAME(S) OF ALL ATTENDING	PHYSICIAN SPOUSE	RESIDENT	OPTIONAL ACTIVITIES FEES
Sunday, November 7					
Welcome Reception	_____	_____	*Included*	$100	$_____
Monday, November 8					
Architectural Tour	_____	_____	$32	$32	$_____
Devil in the White City	_____	_____	$70	$70	$_____
Tuesday, November 9					
Reception & Dinner Dance	_____	_____	*Included*	$125	$_____

WSA Tax ID #237299969 **GRAND TOTAL** $_____

PAYMENT INFORMATION

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

☐ American Express ☐ MasterCard ☐ VISA ☐ Discover ☐ Check

_____

NAME AS IT APPEARS ON CARD

_____

CARD NUMBER

_____

EXPIRATION DATE

_____

SIGNATURE

_____

CREDIT CARD BILLING ADDRESS

_____

CITY / STATE / ZIP

PAY BY CREDIT CARD Fax to 913-273-9940
PAY BY CHECK Mail to Western Surgical Association, PO Box 411654 Kansas City, MO 64141

CANCELLATION POLICY

Registration cancellations must be received in writing by mail, email or fax by Friday, October 16th. Cancellations received by this date will be refunded, less a $100 administrative fee. All refunds will be processed immediately following the conference. **No refunds for cancellations received after October 16th.** Meeting Confirmations will be e-mailed to the e-mail address provided in the "Registration Information" section above.