

# AWS 2010 Fall Conference

October 3 – 5, 2010 ♦ Washington, DC



## CONFERENCE SCHEDULE

### **Sunday, October 3<sup>rd</sup> at the Washington Marriott Wardman Park Hotel**

7:00 – 8:30 am Registration & Continental Breakfast with Corporate Partners  
8:30 – Noon Welcome & Keynote Presentation  
Noon – 1:30 pm Luncheon, Annual Business Meeting & Council Elections  
1:30 – 2:30 pm **\*\*NEW\*\*** Breakout Sessions (Topics include: Dealing with Adverse Outcomes, How to Advance in Academic Surgery & How to Succeed in Private Practice)

### **Monday, October 4<sup>th</sup> at The National Press Club**

6:15 – 7:00 pm AWS Awards Dinner Reception  
7:00 – 9:30 pm Dinner and Award Presentations

### **Tuesday, October 5<sup>th</sup> at the Washington Marriott Wardman Park Hotel**

7:30 – 9:30 am AWS Networking Breakfast

## INFORMATION

### **Hotel**

Reserve your hotel room using the ACS 96<sup>th</sup> Annual Clinical Congress website page listed on [www.FACS.org](http://www.FACS.org).

### **AWS Ambassador Program**

If you are a current AWS member and are interested in serving as an Ambassador to a new or non-member, please check the box on the registration panel on the next page. An Ambassador will be assigned an attendee prior to the conference. Contact information will be shared with both parties. We ask that you send an email to the attendee and make arrangements to meet with her at the AWS registration desk at the Washington Marriott Wardman Park Hotel. During the meeting, introduce her to other AWS members.

If you would like to be assigned an Ambassador, check the box on the registration panel. When an AWS member contacts you, follow up with her and arrange to meet her onsite. This is a wonderful way to learn about AWS, experience the benefits of AWS membership and meet other women at various points in their professional careers.

### **Conference Brochure**

The complete conference brochure is coming soon! The full brochure will list session descriptions, speakers and final program information.

### **Registration**

To register for the conference, complete and return the following form with payment to AWS at 5204 Fairmount Avenue, Downers Grove, IL 60515. Fax: 630-493-0798 or email: [info@WomenSurgeons.org](mailto:info@WomenSurgeons.org).

### **Cancellation Policy**

All cancellations must be received in writing by September 18, 2010 and will be refunding less a 20% processing fee (of total amount paid). Refunds will not be issued after this date.

### **Association of Women Surgeons**

630-655-0392

[info@WomenSurgeons.org](mailto:info@WomenSurgeons.org)

[www.WomenSurgeons.org](http://www.WomenSurgeons.org)

# AWS 2010

## FALL CONFERENCE REGISTRATION FORM

Complete the form below and return it to the AWS office with your payment. (Please Print) Date \_\_\_\_\_

Badge Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  MD  PhD  FACS  
 Affiliation \_\_\_\_\_  
 Surgical Specialty \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Number of Awards Dinner Guests \_\_\_\_\_  
 Names of Guests \_\_\_\_\_

I would like to be an AWS Ambassador.  I would like to be assigned an AWS Ambassador.  
 To participate in the AWS Ambassador program, you must complete the registration form and return it to AWS by September 18, 2010.

### CONFERENCE FEES

**Sunday, October 3, 2010**

<input type="checkbox"/> AWS Member	\$220	\$ _____
<input type="checkbox"/> AWS Non-Member	\$265	\$ _____
<input type="checkbox"/> Resident	\$ 85	\$ _____
<input type="checkbox"/> Student	\$ 60	\$ _____

YES, I am planning on attending the Luncheon and Annual Business Meeting immediately following the morning presentation. (Lunch is included in the above registration fee.)

#### Special Dietary/Accessibility Needs:

Vegetarian  Kosher  Other \_\_\_\_\_

**Awards Dinner**

<input type="checkbox"/> Individual Ticket(s) \$130 x _____ # of Dinner Attendees		\$ _____
<b>Monday, October 4, 2010</b> <input type="checkbox"/> Sponsor a RESERVED table of 8 for \$1,800		\$ _____
<input type="checkbox"/> Sponsor a RESERVED table of 10 for \$2,000		\$ _____

The names of you dinner guests must be submitted to the AWS Office no later than Monday, September 27, 2010

**Networking Breakfast**  YES, I am planning on attending the Networking Breakfast. *Complimentary*  
**Tuesday, October 5, 2010**

**Total Amount** \$ \_\_\_\_\_

**Payment Information**

Enclosed is my  Check (payable to AWS)  
 VISA  MasterCard  American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

*Signified authorization to charge card*

Mail or Fax Form with payment to:  
 Association of Women Surgeons  
 5204 Fairmount Avenue  
 Downers Grove, IL 60515

Phone: 630-655-0392  
 Fax: 630-493-0798  
[www.WomenSurgeons.org](http://www.WomenSurgeons.org)