

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 _____ ACS ID# _____

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**
- AWS Member \$220 \$ _____
 - AWS Non-Member \$265 \$ _____
 - Resident \$ 85 \$ _____
 - 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**
- Individual Ticket(s) \$130 x _____ # of Dinner Attendees \$ _____
 - Sponsor a RESERVED table of 8 for \$1,800 \$ _____
 - Sponsor a RESERVED table of 10 for \$2,000 \$ _____

The names of your 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 _____

Signifies 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

* You may be able to electronically fill out the form by activating the Typewriter tool in Acrobat Reader or Adobe Acrobat 8 and up. The Typewriter tool allows text to be typed anywhere on a document. (Click Tools > Typewriter > Enable Typewriter Tool.) If you electronically fill out this form please signify authorization to charge the credit card by typing your name as it appears on the card, then add your last name to the end of the PDF form title and resave the form with your information typed in.