

## Surgical Infection Society Thirty Seventh Annual Meeting

The Four Seasons, St. Louis, MO, USA May 2 – 5, 2017

## **Meeting Registration Form**

Three Easy Ways to Register!

SIS Tax ID# 31-0987252

Online: sisna.org Fax: 631-368-4466 Mail: Surgical Infection Society, P.O. Box 1278, East Northport, NY 11731

Name			
First	MI	Last	Degree
Institution/Company Affiliation_			
Address			
City	StateZip_	Country	
Phone	Fax	Email	
Registration Fee (payable in U.S. Funds)			
<u>Status</u>	On or Before March 17, 2017	After March 17, 2017	
Member			
SISSIS-E	\$550.00	\$600.00	\$
Resident	\$425.00	\$475.00	\$
Fellow	\$425.00	\$475.00	\$
Medical Student	\$425.00	\$475.00	\$
Non-Member	\$650.00	\$700.00	\$
Spouse/Guest	\$100.00	\$100.00	\$
Spouse/Guest Name		<del></del>	
	ster and wear badges to attend meeti New Member Reception - Friday, May		tration fee includes Welcome Reception - Friday, May 5, 2017.
Plan to attend: Welcome Reception: Yes No Meet the New Member Reception: Yes No Annual Banquet: Yes No			
Plan on bringing my family/friends to St. Louis during the meeting: YesNo Maybe			
Plan on attending St. Louis Card	linals Game – Wednesday, May 3, 2	017 - Space Limited – Price S	\$100.00: YesNo Maybe
	Т	otal Enclosed	\$
If you have a dietary requiremen	t, please specify	<del></del>	
Please check if you requi	re ADA accommodations and a sta	ff member will contact you.	
ACS Member. If so, ACS	S Member #		
Payment Information			
Check: Made payable to The	Surgical Infection Society _	Visa	MasterCard
Credit Card Number	Exp. Date	CSC Cardholde	er Signature:

Cancellations: Written notification of cancellation must be received by April 2, 2017. A \$50.00 administrative fee will be retained for all cancellations. Refunds will not be given after April 2, 2017.