

Surgical Infection Society Thirty Eighth Annual Meeting

The Four Seasons, Westlake Village, CA, USA April 22-25, 2018

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		Twitter Handle	
	Registration Fee	(payable in U.S. Funds)	
<u>Status</u>	On or Before March 10, 2018	After March 10, 2018	
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			
	7	Total Enclosed	\$
	gister and wear badges to attend meet nber Reception - Wednesday, April 25		tration fee includes Welcome Reception - Monday, /ednesday, April 25, 2018.
Plan to attend: Welcome Recept	ion: Yes No Meet the New Mer	mber Reception: Yes No	_ Annual Banquet: Yes No
Plan on bringing my family/frien	nds to Westlake Village during the n	neeting: YesNo Mayb	e
Interested in ticketed social eve	ent? – Tuesday, April 24, 2018 – TB	A : YesNo Maybe	
If you have a dietary requireme	nt, please specify		
Please check if you requ	ire ADA accommodations and a sta	ff member will contact you.	
ACS Member. If so, AC	CS Member #		
		ent Information	
Check: Made payable to The		Visa	MasterCard
Credit Card Number	Exp. Date	CSC Cardholde	er Signature