

Surgical Infection Society Fortieth Annual Meeting

Four Seasons Hotel Denver, CO, USA August 1-4, 2021

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	Degre	e
Institution/Company Affiliation				
Address				
CityState_	Zip	Country		
PhoneFax				
Email	Twit	ter Handle		
	Registration Fee (payabl	le in U.S. Funds)		
<u>Status</u>	On or Before July 1, 2021	<u>After July 1, 2021</u>		
Member	\$375.00	\$425.00	\$	
Resident/Fellow/Medical Student (In Person) \$275.00	\$325.00	\$	
Non-Member	\$425.00	\$475.00	\$	
Virtual/SISE	\$40.00	\$40.00	\$	
Spouse/Guest	Free	Free	\$	
Spouse/Guest Name				
Have you been, or plan to be, vaccin	ated prior to attending tl	h e meeting : Yes No	D	
f you have a dietary requirement, please spec	cify			
Please check if you require ADA accor	nmodations and a staff membe	er will contact you.		
ACS Member. If so, ACS Member #_				
I would like to Donate to the:				
Society:\$1,000 (includes free regi	stration for the Denver Mee	eting)		
\$2,500 (includes free regi	stration for the Denver and	I Dallas meeting)		
\$40 (in celebration of our			e)	
Foundation: Amount	0,		,	
Check: Make payable to The Surgical Infect	ion Society or The Surgical Infec	tion Society Foundation.		
Visa MasterCard - Credit Card Nun	nber		Exp. Date	CSC

Cancellations: Written notification of cancellation must be received by July 1, 2021. A \$50.00 administrative fee will be retained for all cancellations. Refunds will not be given after July 1, 2021.