

Meeting Registration Form

Three Easy Ways to Register!

Surgical Infection Society

Forty Second Annual Meeting

Cardholder Signature:_____

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
nstitution/Company Affiliation			
Address			
CityS	tateZip	Country	
PhoneFax			
mail		witter Handle	
	Registration Fee (pay	vable in U.S. Funds)	
itatus	Early Bird - February 1, 20	023 After February 1, 2023	
Member	\$550.00	\$600.00	\$
Resident/Fellow/Medical Student	\$425.00	\$475.00	\$
Non-Member	\$600.00	\$650.00	\$
Spouse/Guest	\$100.00	\$100.00	\$
Spouse/Guest Name			
		Total Enclosed	\$
Il attendees and guests must register and Vednesday, April 12, 2023 and the Annua		d social functions. Registration fee	includes Welcome Reception -
Plan to attend: Welcome Reception: Yes	No Annual Banquet: Yes	sNo	
f you have a dietary requirement, pleas	e specify		
Please check if you require ADA	accommodations and a staff me	mber will contact you.	
ACS Member. If so, ACS Member	#		
	Payment In	formation	
Check: Make payable to The Surgical	Infection Society.		
VisaMasterCard - Credit Car	d Number		Exp. Date CSC

Cancellations: Written notification of cancellation must be received by March 1, 2023. A \$50.00 administrative fee will be retained for all cancellations. Refunds will not be given after March 1, 2023.