



Central Surgical Association – 2012 Annual Meeting

March 1–3, 2012 | Madison, WI

REGISTRATION FORM

Please complete ALL SECTIONS below. In the Registration Fees section, please indicate the registration category(ies) by placing a checkmark in the appropriate box(es), write in the applicable fee, complete the "Activities" section and total the amount due in the Total Amount Due section. If you are registering as a Guest Physician, please include sponsoring member's name. If registering a Spouse/Companion, include guest's first and last name.

REGISTRANT INFORMATION

FIRST NAME (as you would like it to appear on name badge)

LAST NAME

INSTITUTION

MAILING ADDRESS

CITY / STATE / ZIP POSTAL CODE

OFFICE PHONE

FAX

E-MAIL ADDRESS

OFFICE CONTACT

FEES

REGISTRATION FEES

Postmarked by Jan. 27

Postmarked after Jan. 27

Registration Fees

- | | | | |
|---|-------|-------|----------|
| <input type="checkbox"/> Member or Guest Physician | \$375 | \$425 | \$ _____ |
| <i>If you are a non-member, please list sponsoring Member's name: _____</i> | | | |
| <input type="checkbox"/> Resident/Fellow | \$250 | \$300 | \$ _____ |
| <input type="checkbox"/> Associate Member | \$225 | \$275 | \$ _____ |
| <input type="checkbox"/> Spouse/Companion | \$200 | \$250 | \$ _____ |

Spouse/Companion First and Last Name: _____

ACTIVITIES FEES

Total # Attending

Member/Resident/ Guest Physician

Spouse/Companion

Activities Fees

Thursday, March 1

- | | | | | |
|--|-------|----------|----------|------------|
| <input type="checkbox"/> Welcome Reception | _____ | Included | Included | \$ _____ 0 |
|--|-------|----------|----------|------------|

Friday, March 2

- | | | | | |
|--|-------|----------|----------|------------|
| <input type="checkbox"/> Annual Reception & Dinner | _____ | Included | Included | \$ _____ 0 |
|--|-------|----------|----------|------------|

CSA FOUNDATION CONTRIBUTIONS & CSA 2012 MEMBERSHIP DUES

- | | |
|---|--------------|
| <input type="checkbox"/> To make a voluntary contribution to the Central Surgical Association Foundation, please indicate the amount to be donated | \$ _____ |
| <input type="checkbox"/> CSA 2012 Membership Dues (Active and Senior Members [under the age of 65] are encouraged to pay their 2012 membership dues at this time) | \$ _____ 250 |

TOTAL DUE \$ _____

PAYMENT INFORMATION

Please indicate your form of payment below. If paying by credit card, please complete ALL sections below.

CSA Tax ID#: 38-6077274; CSAF Tax ID # (for Foundation Contributions): 38-3061851

- American Express MasterCard VISA Discover Check

NAME AS IT APPEARS ON CARD

SIGNATURE

STREET ADDRESS & ZIP POSTAL CODE CREDIT CARD STATEMENTS ARE SENT TO

CARD NUMBER

EXPIRATION DATE

IF PAYING BY CREDIT CARD: You may register by faxing this form to 913.273.1140

IF PAYING BY CHECK: Please mail your completed registration form and payment to the Central Surgical Association at PO Box 413216, Kansas City, MO 64141.

CANCELLATION POLICY: Registration cancellations received in writing and sent to the address above (postmarked by Jan. 27, 2012) will be refunded, less a \$50 administrative fee. All refunds will be processed immediately following the conference. No Refunds for cancellations after Jan. 27.

REGISTRATION QUESTIONS: Contact the CSA Headquarters Office at 913.402.7102 or meetings@centralsurg.org