

# Central Surgical Association 2010 Annual Meeting

The Drake Hotel, Chicago, IL  
**March 10-13, 2010**

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

OFFICE PHONE

FAX

E-MAIL ADDRESS

OFFICE CONTACT

## Fees

### Registration Fees

Member or Guest Physician

Postmarked by Feb. 12

\$375

Postmarked after Feb. 12

\$425

Registration Fees

\$ \_\_\_\_\_

If you are a non-member, please list sponsoring Member's name: \_\_\_\_\_

Resident

\$250

\$300

\$ \_\_\_\_\_

Spouse/Companion

\$200

\$250

\$ \_\_\_\_\_

Guest's First and Last Name: \_\_\_\_\_

### Activities Fees

#### Thursday, March 11

Welcome Reception

Total # Attending

\_\_\_\_\_

Member/Resident/  
Guest Physician

Included

Spouse/Companion

Included

Activities Fees

\$ \_\_\_\_\_ 0 \_\_\_\_\_

#### Friday, March 12

Annual Reception & Dinner

\_\_\_\_\_

Included

Included

\$ \_\_\_\_\_ 0 \_\_\_\_\_

### Foundation Contributions

To make a voluntary contribution to the Central Surgical Association Foundation, please indicate the amount to be donated

Donations

\$ \_\_\_\_\_

Total Amount 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

MAILING ADDRESS AND ZIP CODE STATEMENTS ARE SENT TO

CARD NUMBER

EXPIRATION DATE

**If paying by credit card:** You may register by faxing this form to 913.273.1140 or mail to CSA, P.O. Box 413216, Kansas City, MO 64141.

**If paying by check:** Please mail your completed registration form and payment to the Central Surgical Association at the address above.

**Cancellation Policy:** Registration cancellations received in writing and sent to the address above (postmarked by Feb. 12, 2010) will be refunded, less a \$50 administrative fee. All refunds will be processed immediately following the conference. **No Refunds for cancellations after Feb. 12.**

**REGISTRATION QUESTIONS:** Contact the CSA Headquarters Office at 913.402.7102 or [meetings@centralsurg.org](mailto:meetings@centralsurg.org)

