

ASCRS Convention Registration

REGISTER ONLINE AT WWW.FASCRS.ORG

ASCRS Annual Meeting • Minneapolis, Minnesota • March 15-19, 2010

Please type or print your name – and that of your spouse or guest(s) if attending – exactly as you wish it to appear on the badge.

First Name	Family Name	Title	Primary Hospital Affiliation		
Office Address ()	City ()	State	Zip	Country	
Office Telephone Number	Fax Number	Email			

REGISTRATION FEES: Your registration fee includes the Plenary & Poster Sessions and the Welcome Reception. It does not include the optional programs and "Meet the Professor" continental breakfasts which require separate registration fees.

Registration Fees	Through March 29	March 30 - April 26	After April 26	Amount Due
Member Physician (Dinner dance included) I plan <input type="checkbox"/> do not plan <input type="checkbox"/> to attend the May 19 Dinner Dance	\$450	\$500	\$650	\$ _____
Contribution to Educational Endowment Fund (Optional)	\$25	\$25	\$25	\$ _____
Non-Member Physician (Dinner Dance not included)	\$550	\$600	\$750	\$ _____
Retired MD (Dinner Dance not included)	\$150	\$200	\$225	\$ _____
Nurse (Dinner Dance not included)	\$-0-	\$50	\$75	\$ _____
Medical Student/Resident/Intern/C&R Resident (Dinner Dance not included) (Form must be accompanied by letter from Chief of Department and include year in residency program)	\$-0-	\$50	\$75	\$ _____
Extra Tickets for May 19 Dinner Dance	# of Tickets _____	at \$75 each		\$ _____

Category

I am a(n): (check all that apply)

MD DO PhD

RN Other _____

ASCRS Member/Fellow

Non-Member Speaker

Medical Student

Resident or Intern PGY: _____
Year # _____

C & R Resident Retired MD

Nurse Media Representative

Method of Payment

Check

Visa MasterCard

American Express

Card Number _____

Security Code _____ Expiration Date _____

Signature _____

Name as it appears on card _____

Total Remittance \$ _____

Optional Programs and "Meet the Professor" Continental Breakfasts

Category	Time	Description	Fee
Saturday, May 15	7:30 am – 4:00 pm	Laparoscopic Colectomy Workshop (page 5)	\$595.00 _____
	7:30 am – 5:00 pm	Anorectal & Pelvic Floor Ultrasound (page 8)	\$295.00 _____
	8:00 – 9:30 am	Transanal Endoscopic Microsurgery (Didactic Only) (page 10)	\$ 50.00 _____
	8:00 am – Noon	Transanal Endoscopic Microsurgery (Didactic, Lunch & Lab A) (page 10)	\$500.00 _____
	8:00 – 9:30 am & Noon – 3:30 pm	Transanal Endoscopic Microsurgery (Didactic, Lunch & Lab B) (page 10)	\$500.00 _____
Sunday, May 16	10:30 am – 4:30 pm	Robotic Rectal Dissection (Lab) (pages 6-7)	\$595.00 _____
Sunday, May 16	9:30 am – 5:30 pm	Colon and Rectal Disease: An Update for the Primary Care Provider (pages 18-19)	\$150.00 _____
Monday, May 17	6:45 – 7:45 am	MTP Breakfasts (M1 thru M6) (Bkfst) (page 31)	1st Choice 2nd Choice 3rd Choice \$ 35.00 _____
	6:45 – 7:45 am	Residents' Breakfast (Bkfst) (page 31)	\$ 0.00 _____
	7:30 – 11:30 am	Laparoscopic Proctosigmoidectomy: Simulation Workshop	\$ 50.00 _____
	12:30 – 4:30 pm	Laparoscopic Proctosigmoidectomy: Simulation Workshop	\$ 50.00 _____
Tuesday, May 18	6:45 – 7:45 am	MTP Breakfasts (T1 thru T6) (Bkfst) (page 39)	1st Choice 2nd Choice 3rd Choice \$ 35.00 _____
	7:30 – 11:30 am	Laparoscopic Proctosigmoidectomy: Simulation Workshop	\$ 50.00 _____
	11:30 am – 1:30 pm	Women's Physicians Luncheon (page 42)	\$ 28.00 _____
	12:30 – 4:30 pm	Laparoscopic Proctosigmoidectomy: Simulation Workshop	\$ 50.00 _____
Wednesday, May 19	6:45 – 7:45 am	MTP Breakfasts (W1 thru W6) (Bkfst) (page 54)	1st Choice 2nd Choice 3rd Choice \$ 35.00 _____
Thursday, May 20	7:00 am – 3:00 pm	Site Trip to Mayo Clinic	\$ 75.00 _____

Check here if you are disabled and require special services. Please attach a written description of your needs.

Spouse/Guest Registration – In registering your spouse or guest, you may purchase (see page 3 for description):

- Package #1 (Entire package A thru E) \$100.00 _____
- Package #2 (C thru E only) \$ 55.00 _____

Names(s) of Spouse/Guest _____

Total Remittance \$ _____

Deadlines: Cancellations must be received on or before **April 26, 2010** to qualify for a refund (minus \$75). No refunds \$5 or less.

No refunds will be issued for cancellations received after **April 26, 2010**.

Payment Information
Please make your check payable to the (ASCRS) in U.S. Funds only or credit card payment by VISA, MasterCard or American Express. Non U.S. registrations can only be paid by credit card or U.S. Postal money order. Registrations will be confirmed by mail thru **April 26, 2010**.

Send payment with complete registration form to:
ASCRS • 85 W. Algonquin Rd., Suite 550, Arlington Heights, IL 60005-4460 • Telephone: (847) 290-9184 • Fax: (847) 290-9203

ALL REGISTRATIONS RECEIVED BY APRIL 26, 2010 WILL BE CONFIRMED IN WRITING