



Michigan Chapter

56TH ANNUAL MEETING &
58TH ANNUAL RESIDENT SURGEONS COMPETITION

Elevating & Advancing
Surgical Education

Shanty Creek Resort, Bellaire, MI May 14-15, 2009

REGISTRATION FORM

Name _____

Spouse's Name (for banquet ticket) _____

Practice/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

FEES:

- | | |
|---|-------|
| <input type="checkbox"/> Chapter Member | \$375 |
| <input type="checkbox"/> Presenting Resident | \$375 |
| <input type="checkbox"/> Joining/Renewing Member | \$525 |
| <input type="checkbox"/> Annual Banquet Ticket for Spouse | \$0 |

Total: \$ _____

- Vegetarian (for all meals)

Other Dietary Restrictions:

- Please contact me regarding special accommodations

Payment:

- Check Visa Master Card

Card Number:

Expiration Date:

Print Name (as it appears on card):

Authorized Signature:

THREE EASY WAYS TO REGISTER:

1. Mail registration form to:
MCACS, 120 West Saginaw, East Lansing, MI 48823
2. Fax registration form to: (517) 336-5797
3. Phone MCACS Headquarters at (517) 336-7585

CONFIRMATIONS:

Receipt of each registration will be acknowledged with a mailed confirmation letter. If you do not receive a confirmation letter prior to the event, please call 517-336-7585 to confirm your registration.

LATE REGISTRATIONS:

In order to ensure adequate space and materials for participants, advance registration is required. If you wish to register less than 10 days in advance, please register by phone or e-mail with verification of payment.

REFUND POLICY:

MCACS understands the unpredictable schedules of physicians. However, due to meeting expenses incurred, it is necessary to charge a \$75 cancellation fee. Participants must cancel at least five (5) business days prior to the event. Refunds will not be provided after the five (5) day cut-off but replacements are always welcome.

For more information contact: Angie Kemppainen,
Chapter Administrator,
at (517) 336-7586 or via e-mail at
akemppainen@msms.org.