

CONFERENCE REGISTRATION

MCACS 57th Annual Meeting & 59th Annual Resident Surgeons Competition May 20-21, 2010, Crystal Mountain Resort, Thompsonville

Name _____ Practice/Organization _____

Banquet Guest(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Fees:

Active Member- \$375

Joining/Renewing Active Member- \$550

Presenting Resident- \$375

ADDITIONAL BANQUET TICKET- \$0 (**Must register all guests above**)

Total: \$ _____

Vegetarian Dietary Restrictions: _____ Please contact me regarding special accommodations

Payment:

Check (made payable to MCACS) Visa Master Card

Card Number _____ Exp Date _____

Print Name (as it appears on card): _____

Billing Address: _____

Authorized Signature: _____

3 EASY WAYS TO REGISTER:

By Mail: MCACS
120 West Saginaw
East Lansing, MI 48823

By Fax: 517-336-5797

By Phone: 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. To register less than 10 days in advance, please register by phone.

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.

**TO MAKE HOTEL RESERVATIONS, PLEASE VISIT THE MCACS WEBSITE AT
WWW.MICHIGANACS.ORG FOR A HOUSING FORM.**