



New England Surgical Society

93<sup>RD</sup> Annual Meeting

September 21 - 23, 2012

Samoset Hotel, Rockport, Maine



# MEETING REGISTRATION FORM

(Online registration available at [www.NESurgical.org](http://www.NESurgical.org))

**PRE-REGISTRATION DEADLINE: September 10, 2012**

PLEASE PRINT OR TYPE:

NAME: \_\_\_\_\_ NPI #: \_\_\_\_\_

*National Provider Identifier Number*

INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL (required to receive confirmation): \_\_\_\_\_

NAME OF SPOUSE/GUEST (only if registering): \_\_\_\_\_

| REGISTRATION FEES | EARLY BIRD FEE<br>(By August 20) | PRE-REGISTRATION<br>(By September 10) | QUANTITY |
|-------------------|----------------------------------|---------------------------------------|----------|
|-------------------|----------------------------------|---------------------------------------|----------|

*All fees below are quoted and payable in US Dollars.*

|   |       |       |                     |
|---|-------|-------|---------------------|
| A. NESS Member  | \$425 | \$475 | _____               |
| B. Non-Member   | \$525 | \$575 | _____               |
| C. Resident*  | \$200 | \$250 | _____               |
| <i>*letter from Chief of Service must accompany registration</i>  |       |       |                     |
| E. Spouse/Guest   | \$200 | \$250 | _____               |
| (Registrations include: Continental Breakfasts, Welcome Reception and President's Reception and Dinner) |       |       | <b>Total:</b> _____ |

\*Do you plan to attend the following: Welcome Reception on Friday, September 21st..... Yes or No: \_\_\_\_\_  
President's Reception and Dinner on Saturday, September 22nd..... Yes or No: \_\_\_\_\_

## ADDITIONAL SOCIAL EVENT TICKETS

President's Reception and Dinner, Saturday, September 22nd Adult \$125 Quantity: \_\_\_\_\_

## PAYMENT METHOD

I authorize NESS to charge my credit card the above registration fees. Fees are payable via MasterCard, Visa or check (US banks only). Checks are payable to NESS.

CHECK (enclosed)



Security Code: \_\_\_\_\_ (See card image above)  
Where is your Card Security Code? Your credit card's security code is a 3- or 4- digit number located on the front or back of your credit card.

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(If not the same as address listed above)

Signature: \_\_\_\_\_

## CANCELLATION POLICY

Cancellations cannot be made via the online website or telephone, but must be made in writing (email, fax, mail) to the NESS Administrative Offices: 500 Cummings Center, Suite 4550, Beverly, MA 01915, USA.

You may email your correspondence to [admin@nesurgical.org](mailto:admin@nesurgical.org). If written notice of cancellation is received on or before September 10, 2012, the registration fee, less a \$50 USD administrative fee, will be refunded after the meeting. No refunds will be issued for cancellations received after September 10th. Fees cannot be reduced for partial attendance.

Please return this form via fax to: 978-524-0461, or mail to: NESS Registration, 500 Cummings Center, Suite 4550, Beverly, MA 01915, USA.