

# REGISTRATION FORM



FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

DEGREE \_\_\_\_\_ SPECIALTY \_\_\_\_\_

HOSPITAL/PRACTICE AFFILIATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX # \_\_\_\_\_

**REGISTER ME AS:**

CHAPTER FELLOW      ASSOCIATE MEMBER      CANDIDATE      RESIDENT      MEDICAL STUDENT

NON-MEMBER PRACTICING PHYSICIAN

**ATTENDING**

**THURSDAY, FEBRUARY 24**

YOUNG SURGEONS FORUM  
COCKTAIL RECEPTION & JEOPARDY

**FRIDAY, FEBRUARY 25**

SCIENTIFIC MEETING  
YFA COMMITTEE LUNCH  
TRAUMA COMMITTEE LUNCH  
COCKTAIL RECEPTION  
FINAL JEOPARDY

**SATURDAY, FEBRUARY 26**

SCIENTIFIC MEETING

**REGISTRATION FEES**

\$75.00 FOR SOUTH TEXAS FELLOWS & ASSOCIATE MEMBERS

\$35.00 FOR CANDIDATES, RESIDENTS, & MEDICAL STUDENTS

\$150 FOR NON CHAPTER MEMBERS

REGISTRATION FEE WAIVED FOR JEOPARDY PARTICIPANTS AND MEETING SPEAKERS

**PAYMENT INFORMATION**

CHECK (CHECK # \_\_\_\_\_)

CREDIT CARD

VISA      MASTERCARD      AMERICAN EXPRESS

CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLEASE INITIAL HERE TO AUTHORIZE TRANSACTION \_\_\_\_\_

**MAIL TO** 2420 ATHANIA PKWY, SUITE 101 METAIRIE, LA 70001, **FAX TO** 504-841-0572, or **EMAIL TO** JANNA@SOUTHTEXASACS.ORG  
**QUESTIONS?** CONTACT JANNA PECQUET BY PHONE 504-841-0145 OR EMAIL JANNA@SOUTHTEXASACS.ORG