

Registration Form

2011 ACS NSQIP NATIONAL CONFERENCE • JULY 24-26, 2011 • PRECONFERENCE JULY 23 • THE WESTIN COPLEY PLACE, BOSTON, MA



REGISTRATION DEADLINE: July 15, 2011

As space is limited, conference registration will be on a first-come, first-served basis. Registration will be guaranteed to the first 900 participants.
Please register in one of the following ways: **ONLINE:** www.acsnsqip.org **BY FAX:** 800-682-0252 (U.S. only) or 312-202-5003
BY MAIL: American College of Surgeons • Attn: Registration Services • 633 N. Saint Clair St. Chicago, IL 60611-3211

CONFERENCE REGISTRATION INFORMATION (A separate registration form is required for each attendee.)

FIRST	MIDDLE	LAST	
PROFESSIONAL DEGREE(S)			
SURGICAL SPECIALTY			
POSITION/TITLE (As you would like it to be printed on your badge)			
DEPARTMENT			
INSTITUTION			
STREET ADDRESS			
CITY		STATE	ZIP
OFFICE PHONE		FAX	
E-MAIL ADDRESS			
GUEST INFORMATION (IF ATTENDING)			
FIRST		LAST	
CITY		STATE	
E-MAIL			
IF ADA ACCOMMODATIONS ARE DESIRED, PLEASE SPECIFY <input type="checkbox"/> AUDIO <input type="checkbox"/> VISUAL <input type="checkbox"/> MOBILE <input type="checkbox"/> OTHER _____			

ACS PROGRAM (select one)

NSQIP BSCN FSCI Pediatric

POSITION (select one)

Administrator Surgeon Champion (SC) Surgeon (non-SC) SCR Back-up SCR Nurse (non-SCR)
 Quality Improvement Professional Research Associate Data Analyst Data Collector Other _____

PRECONFERENCE REGISTRATION (no additional charge)

SATURDAY AFTERNOON, JULY 23 • 1:00-4:00 PM

Building an Effective Surgical Quality Program

BREAKOUT SESSION REGISTRATION

Please select the meeting(s) you plan to attend:

SUNDAY AFTERNOON, JULY 24 (select one)

Bariatric Best Practices Lower Extremity Bypass Colorectal

MONDAY AFTERNOON, JULY 25 (select one)

New Surgical Clinical Reviewer Advanced Surgical Clinical Reviewer Surgeon Champion
 Pediatric Surgical Clinical Reviewer Pediatric Surgeon Champion Bariatric Data Collector

ACTIVITY SELECTION AND FEES

Please select the activities you plan to attend:

SCR Meet & Greet, Saturday, July 23, 4:00-7:00 pm
 Reception, Sunday, July 24, 6:30-8:00 pm Reception Guest Fee (\$75)
 Social Event Outing, Monday, July 25, 5:30-8:45 pm (\$100) Spouse/Guest Fee (\$100)
 Luncheon, Sunday, July 24 Focused Topics Breakfast, Monday, July 25 Luncheon, Monday, July 25

CONFERENCE FEES

Administrative Fee (required for all attendees and nonrefundable)		\$95
SESSIONS:	Two (2) employees from enrolled ACS NSQIP, Pediatric, FSCI, or BSCN sites (first-come, first-served basis)	Fee Waived
	All other attendees	\$425
Reception Guest Fee		\$75
Social Event Outing Fee		\$100
Social Event Outing Guest Fee		\$100
TOTAL DUE		\$

CREDIT CARD INFORMATION (Information is required to process conference registration.)

TOTAL PAYMENT \$ _____	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Check Enclosed. Check # _____
CREDIT CARD # _____	EXP. DATE _____
CARDHOLDER NAME _____	SIGNATURE _____
CARDHOLDER ADDRESS _____	

CANCELLATION POLICY

All conference participants must notify Registration Services via e-mail at registration@facs.org to cancel their registration. The ACS NSQIP administrative fee of \$95 is nonrefundable for all attendees. Please see page 6 of the registration brochure for the detailed cancellation policy.