

PCSA 89th Annual Meeting Registration Form *(Please print clearly)*



FIRST NAME	MIDDLE INITIAL	LAST NAME	
DEGREE	INSTITUTION NAME		
STREET AND NUMBER	CITY	STATE/PROVINCE	COUNTRY
PHONE	FAX		
EMAIL (REQUIRED) Confirmations will be emailed if valid email is provided.		SURGICAL SPECIALTY	

THREE WAYS TO REGISTER (Choose One) ONLINE Visit www.pcsaonline.org MAIL Pacific Coast Surgical Association c/o ACS Registration Services 633 N. St. Clair St., Chicago, IL 60611-3211 FAX 312-202-5003	Are you a PCSA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked no, who is your PCSA Host for the meeting? Name: _____	Are you a member of the American College of Surgeons? (FOR CME PURPOSES) <input type="checkbox"/> Yes <input type="checkbox"/> No ACS Mbr # _____
	Check here if ADA (American with Disabilities Act) accomodation is required. You will be contacted by a staff person. Please specify: <input type="checkbox"/> Audio <input type="checkbox"/> Visual <input type="checkbox"/> Mobile <input type="checkbox"/> Other _____	

REGISTRATION FEE(S) (IN U.S. FUNDS)	BEFORE JAN 8, 2018	AFTER JAN 8, 2018	AFTER FEB 12, 2018
PCSA Member	\$595 ___	\$625 ___	\$655 ___
PCSA Retired Member	\$555 ___	\$600 ___	\$625 ___
Invited Guest Physician (Non-Member)	\$745 ___	\$795 ___	\$845 ___
<input type="checkbox"/> Resident, <input type="checkbox"/> Fellow, <input type="checkbox"/> Medical Student	\$400 ___	\$450 ___	\$500 ___
Guest of Attendee Name _____ Email _____	\$200 ___	\$225 ___	\$225 ___

Included Activities and Additional Tickets

The Welcome Reception and Presidents' Reception and Dinner are included with registration however we can continue to lower costs in the future with accurate food and beverage counts. Please let us know if you and any guests will be attending.

Welcome Reception (Friday, February 16 6:00 – 7:00 pm)

Attending? Yes No Guests Attending? Yes No
 Children under 5: _____ Children 5-12: _____ Total # of ppl : _____

President's Reception and Dinner (Sunday, February 18 6:30 – 10:00 pm)

Attending? Yes No Guests Attending? Yes No
 Name(s) of Guest(s) Attending: _____
 Childcare Needed Yes No: Children 3 to 5: _____
 Children 6-9: _____ Children 10-12: _____ Total # of ppl : _____

Will you have children attending? If so, how many and ages _____

Optional Activities: Advanced registration required prior to the activity as subject to cancellation if minimums are not met.

ACTIVITY	DAY AND TIME	FEES	TOTAL	ACTIVITY	DAY AND TIME	FEES	TOTAL
Women in Surgery Forum** <i>*Advanced registration required</i>	Saturday February 17, 2018 6:30 – 7:30 am	\$0/person x ___ =	___	Golf Tournament Request Team Members _____ Golf Index _____ Renting Clubs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sunday February 18, 2018 12:30 – 5:30 pm	\$115/person x ___ =	___
Vineyard Tour and Wine Tasting	Saturday February 17, 2018 10:00 – 11:30 am	\$40/person x ___ =	___	Afternoon of Lawn Games	Sunday February 18, 2018 1:30 – 3:30 pm	\$20/person x ___ =	___ <i>complimentary for children 12 and under</i>
Shape of the Glass	Saturday February 17, 2018 1:30 – 3:00 pm	\$60/person x ___ =	___	Children under 5: _____ Children 5-12: _____ Total # of ppl: _____			
Global Surgery Forum** <i>*Advanced registration required</i>	Sunday February 18, 2018 6:30 – 7:30 am	\$0/person x ___ =	___	Trinitas Library Archive Experience	Sunday February 18, 2018 1:30 – 3:00 pm	\$60/person x ___ =	___
Afternoon of Cooking	Sunday February 18, 2018 12:30 – 3:30 pm	\$195/person x ___ =	___	Childcare Services during President's Dinner	Sunday February 18, 2018 6:15 – 10:00 pm	\$0/person x ___ =	___ <i>for registered President's Dinner attendees</i>

Fees Payable in U.S. Funds To: Pacific Coast Surgical Association (PCSA)

Total Optional Activities Fee(s) _____ **Registration forms received without payment will not be processed. Purchase orders are not accepted.**

Total Registration Fee(s) _____ Check enclosed MasterCard VISA American Express

Total Amount Due _____ Card Number _____ Exp. Date _____ CSC Code _____

Card Issued To _____ Signature _____

Confirmations will be issued to all attendees within 10 business days of receipt. Requests for refunds must be made in writing and received on or before February 5, 2018. There is a \$100 handling fee for ALL refunds and returned checks. Cancellations and registrations postmarked after February 5, 2018, will not be eligible for refunds. For questions regarding registration, please contact PCSA Registration at 312-202-5244 or registration@facs.org.

Disclaimer: Attendees voluntarily assume all risks involved in travel to and from the Annual Meeting and in attendance of and participation in the program. PCSA and Association Management by the ACS shall not be liable for any loss, injury, or damage to person or property resulting directly or indirectly from any acts of God, acts of government or other authorities, civil disturbances, acts of terrorism, riots, thefts, or from any other similar causes.

Pacific Coast Surgical Association

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