

SOCIAL PROGRAM ADVANCE REGISTRATION

The deadline for advance registration is Monday, March 16, 2005. Written requests for ticket cancellations must be postmarked no later than Monday, March 16, 2005. Each Social Program participant 16 years of age and older must register and present a badge to attend events. Children under 12 may not participate in the Social Program.

Please check here if you want a badge for the Social Program even if events you selected are sold out. A badge will admit you to the scientific sessions, technical exhibits, and the Saturday evening exhibit hall reception.

Spouse or Guest First Name		Last Name	
Address (number, street, and suite/apartment)			
City	State/Province	ZIP/Postal Code	Country
Daytime Telephone ()		Fax ()	
E-mail			

For each event that you select, write in the number of tickets in the box next to the letter of the selected event. If you request more than one ticket per event, you must provide the name(s) of the person(s) using

the additional tickets and include the registration fee for each participant if they are not already registered for the meeting. Without this information, requests for additional tickets will not be honored.

Additional Names/Events (Example: Dr. John Smith/Tour A, C)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Sunday

Tour A
\$90 per person

Monday

Tour B
\$95 per person

Tuesday

Tour C
\$90 per person

(form continues on back)

SOCIAL PROGRAM ADVANCE REGISTRATION *continued*


If you are already registered for the meeting and wish to purchase advance tickets for yourself, you do not need to pay the Social Program registration fee. This fee applies to spouses and guests only.

Total Cost of Tickets: \$ _____
 Registration Fee: _____
 \$50 on or before 3/16/05 \$ _____
 \$75 after 3/16/05 \$ _____
Total Amount: ▶ \$ _____

Payment:	Credit Card Number	Exp. Date (mm/yy)
<input type="checkbox"/> VISA	_____	____/____
<input type="checkbox"/> MasterCard		
<input type="checkbox"/> American Express	Name on Credit Card (Printed) _____	
<input type="checkbox"/> Check (payable to ACS)	Signature of Cardholder _____	

Mail this form with payment to

Social Program
American College of Surgeons
 PO Box 92340
 Chicago, IL 60675-2340
 or if paying by credit card, you
 may fax it to 800/682-0252 or
 312/202-5003.

Americans with Disabilities Act	
	<input type="checkbox"/> Check here if special services are required due to a disability.
Please specify _____	An ACS staff person will contact you. <i>Please provide a daytime phone number or e-mail address:</i>
_____	_____
_____	phone (_____) _____
_____	e-mail _____