



OUTCOMES RESEARCH COURSE

American College of Surgeons
November 11–13, 2010

(Please print clearly)

FULL NAME AND CREDENTIALS _____

FACULTY POSITION _____

SPECIALTY _____

INSTITUTION AND DEPARTMENT _____

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

FAX _____

E-MAIL _____

ACS MEMBERSHIP: **FACS** **Associate Fellow** **Resident Member** **Affiliate** **Nonmember**

AREA OF INTEREST FOR OUTCOMES RESEARCH: _____

PLEASE USE ONLINE REGISTRATION FOR PAYMENT BY CREDIT CARD.

PAYMENT: \$ _____ **Check Enclosed/Check #** _____

Course Fee \$2,095
(\$1,895 if registration form and payment received by September 3, 2010)

PLEASE MAIL OR FAX COMPLETED APPLICATION FORM:

American College of Surgeons • ATTN: Mary Fitzgerald, Continuous Quality Improvement
633 N. Saint Clair St. • Chicago, IL 60611-3211 • TELEPHONE: 312-202-5319 • FAX: 312-202-5063

<http://www.facs.org/cqi/src/outcomesres.html>

Registration receipt and status notification will be sent to applicants by September 30, 2010.

Course fee includes course materials, breakfast and lunch for the duration of the course, and one dinner. Participants are responsible for transportation, hotel charges, and dinner arrangements for remaining evenings. Special conference housing rates are available at the Wyndham Hotel, located on the College premises.

Please visit ***<http://www.facs.org/cqi/src/outcomesres.html>*** for cancellation information.