



ACS COMPREHENSIVE GENERAL SURGERY REVIEW COURSE

REGISTRATION FORM

Date and location requested (choose one):

- May 19-22, 2011, Swissôtel Chicago, 323 E. Wacker Drive, Chicago, IL
- June 23-26, 2011, Westin Michigan Avenue, 909 N. Michigan Avenue, Chicago, IL

ACS Membership ID Number _____

First Name/Middle Initial/Last Name _____

Position/Title _____

Department _____

Institution _____

Street Address _____

City _____ State _____ ZIP _____

Work Phone _____ Home Phone _____ Fax _____

E-mail (Confirmation will be sent via e-mail if valid e-mail address is provided.) _____

Surgical Specialty _____

COURSE FEES

- FACS/Associate Fellow—\$1,350
- Nonmember—\$1,650
- Check Enclosed (payable to ACS)
- VISA
- MasterCard
- American Express

Payment must accompany registration. Purchase orders will not be accepted.

Cardholder's Name _____

Account Number _____

Exp. Date _____

Security Code _____

Signature _____

Date _____



Three ways to register

Online:
www.facs.org/education/reviewcourse.html

Fax:
312-202-5003

Mail:
American College of Surgeons
Attn: Registration Services
633 N. Saint Clair St.
Chicago, IL 60611

If you have any questions, please contact Ms. Alexandra Palinski at 312-202-5018 or apalinski@facs.org.

Please specify if an Americans with Disabilities Act accommodation is required.