

PROGRAM DIRECTOR'S CONTACT INFORMATION:

SRGS Resident **Program Subscriptions**

RESIDENCY COORDINATOR'S CONTACT INFORMATION:

All subscribers must be ACS members to take advantage of the SRGS® discounted initial package price for members. It's easy to become an ACS Resident member; PGY1 membership is free for one year (with a completed ACS member application), and other residents' fees are \$20 annually. Submit ACS Resident member applications or reinstatement forms (and fees) to ACS Member Services at least two weeks before your anticipated SRGS Resident subscription start date. Membership information is available at facs.org/member-services/benefits/resident.

| Annual Subscriptions | ACS Member Pricing | | Subtotal | ACS Nonmember Pricing | | Subtotal |
|--|--|----------------|----------|-----------------------|----------------|----------|
| Initial package: 1–6 residents plus 1 faculty online access and print copy | \$965 | | | \$1,295 | | |
| Additional Subscriptions | Price | # of residents | Subtotal | Price | # of residents | Subtotal |
| Add up to 6 more residents (7–12) | \$60/ resident | | | \$85/ resident | | |
| Add additional residents (13 or more)* | \$50/ resident | | | \$75/ resident | | |
| *The price of purchasing <i>SRGS</i> drops to \$50/resident 12 online subscriptions. | SRGS drops to \$50/resident AFTER you have purchased | | | ← TOTAL → | | |

NAME

| ADDRESS CITY/STATE/ZIP | | PHONE | | | | |
|-----------------------------|-------------------|--|---|-----------|--|--|
| | | FAX E-MAIL (REQUIRED) | | | | |
| | | | | | | |
| FAX | | _ SUBSCRIPTION STA | ART DATE | | | |
| E-MAIL (REQUIRED) ACS ID # | | Residents' names and e-mail addresses must accompany this order form as a Word or Excel file attachment e-mailed to srgs@facs.org. | | | | |
| PLEASE PRINT LEGIBLY | | | | | | |
| SHIP TO: | BILL TO: □ a | heck if same as "Ship to" address | WE ACCEPT: | | | |
| NAME | NAME | | (make checks payable to ACS-SRGS) ☐ MasterCard | | | |
| ADDRESS 1 | ADDRESS 1 | | □ VISA □ American Express | | | |
| ADDRESS 2 | ADDRESS 2 | _ | | | | |
| CITY/STATE/ZIP | CITY/STATE/ZIP | · | ACCT. NO. | | | |
| PHONE | PHONE | | EXP. DATE | CVV | | |
| FAX | FAX | | PRINT CARDHOLDER'S NAME | | | |
| E-MAIL (REQUIRED) | E-MAIL (REQUIRED) | E-MAIL (REQUIRED) | | SIGNATURE | | |



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