

Maine Chapter ACS 2020 Registration

REGISTRATION (Please check)

FULL ANNUAL MEETING REGISTRATION—MEMBERS

<input type="checkbox"/> Fellow Member	\$289
<input type="checkbox"/> Association Fellow Member	\$289
<input type="checkbox"/> Affiliate Member	\$249
<input type="checkbox"/> Retired Member	\$249
<input type="checkbox"/> Resident Member	\$100
<input type="checkbox"/> Medical Student Member	\$100

FULL ANNUAL MEETING - Non-Chapter Member

<input type="checkbox"/> Fellow Member	\$319
<input type="checkbox"/> Association Fellow Member	\$319
<input type="checkbox"/> Affiliate Member	\$279
<input type="checkbox"/> Retired Member	\$279
<input type="checkbox"/> Resident Member*	\$120
<input type="checkbox"/> Medical Student Member*	\$120

ONE-DAY REGISTRATION

<input type="checkbox"/> Friday (includes CME only)	\$150
<input type="checkbox"/> Saturday (includes CME only)	\$150
<input type="checkbox"/> Sunday (includes CME only)	\$150

OPTIONAL EVENT - GUEST FEES

<input type="checkbox"/> Welcome Reception ONLY	\$40
<input type="checkbox"/> President's Dinner ONLY	\$85
<input type="checkbox"/> Combination Guest Registration	\$120
<input type="checkbox"/> Child Dinner Registration (<10 years)	\$35

SPONSORSHIP

I would like to sponsor a resident or student to attend the MEACS Annual Meeting. \$100

TOTAL REGISTRATION \$ _____

Register online at www.maineacsfacs.org

Mail to: Maine Chapter ACS

PO Box 190

Manchester, ME 04351

Fax to : (207) 352-5555

ATTENDEE INFORMATION

Full Name/Title _____

Profession/Position _____

Name of organization _____

Mailing Address _____

City / State / Zip _____

Daytime Phone _____

Cell Phone _____

Email Address _____

Spouse/Guest Name(s) _____

Child Name(s) _____

MEALS & OTHER EVENTS (included with registration)

While the following events are included in your registration, we ask that you let us know which you will be attending so we can plan accordingly. Please check the events/sessions that you will be attending:

Friday May 29 - Welcome Reception

Saturday, May 30 - President's Dinner

PAYMENT METHOD

Check # _____ enclosed

(Make Checks payable to Maine Chapter, ACS)

Please Charge my credit card (circle one)

VISA MasterCard AMEX

Account Number _____

Expiration Date ____/____ Security Code _____

Cardholder Name: _____

Billing Address _____

City/State/Zip _____

Authorized Signature _____

Questions? Cathy Stratton at (207) 592-5725 | maine@mainefacs.org

MEACS Taxpayer ID: 20-4019098