

Maine Chapter ACS 2020 Annual Conference Registration

REGISTRATION (Please check)

ANNUAL MEETING REGISTRATION—MEMBERS

<input type="checkbox"/> Fellow Member	\$300
<input type="checkbox"/> Association Fellow Member	\$300
<input type="checkbox"/> Affiliate Member	\$265
<input type="checkbox"/> Retired Member	\$265
<input type="checkbox"/> Resident Member	\$100
<input type="checkbox"/> Medical Student Member	\$100

ANNUAL MEETING - Non-Chapter Member

<input type="checkbox"/> Fellow Nonmember	\$325
<input type="checkbox"/> Association Fellow Nonmember	\$325
<input type="checkbox"/> Affiliate Nonmember	\$290
<input type="checkbox"/> Retired Nonmember	\$290
<input type="checkbox"/> Resident Nonmember	\$125
<input type="checkbox"/> Medical Student Nonmember	\$125

ONE-DAY REGISTRATION

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

OPTIONAL EVENT - GUEST FEES

<input type="checkbox"/> Spouse/Guest for Welcome Reception & President's Dinner and Breaks	\$120
<input type="checkbox"/> Welcome Reception ONLY	\$40
<input type="checkbox"/> President's Dinner ONLY	\$85

SPONSORSHIP

<input type="checkbox"/> I would like to sponsor a resident or student	\$100
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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 August 31, 2020 - Welcome Reception

☐ Saturday, July 1, 2020 - 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 _____