

PLEASE PRINT

NAME: _____

INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____ Email: _____

SPOUSE/GUEST NAME (if registering): _____

Please contact me regarding special needs. 

REGISTRATION FEES

* Registration categories included the following unless otherwise noted. Welcome Reception, Continuing Medical Education Programs, Breakfast, Coffee Breaks, Exhibits, David B. Campbell / Fred Weber Scholarship Lecture, Movie Night, Case Bowl, McGovern Lectureship Luncheon, Scientific Poster Rounds, and President's Dinner

	<i>Before 7/2/19</i>	<i>Starting 7/2/19</i>	<i>On-site</i>
ECTSS MEMBER*	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400
<i>Please Note: Your 2019-2020 membership dues must be paid in full to qualify for the member rate. Unpaid member registration forms will not be processed without dues payment.</i>			
NON-MEMBER*	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
RESIDENT/FELLOW/STUDENT*	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
ALLIED HEALTH*	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
SPOUSE / GUEST	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350

METHOD OF PAYMENT

Fees payable via MasterCard, Visa, American Express or check drawn on a US bank

   **Check Enclosed**
Check payable to ECTSS



Security Code: _____ Where is your Card Security Code? Your credit card's security code is a 3- or 4- digit number located on the front or back of your credit card. (See card images above)

CREDIT CARD NUMBER: _____ **EXPIRATION DATE:** ____ / ____

BILLING ADDRESS _____
(If not the same as address listed above)

SIGNATURE: _____
I authorize ECTSS to charge my credit card the above fees.

**Please make checks (in U.S. funds) payable to:
ECTSS ♦ 500 Cummings Center, Suite 4400 ♦ Beverly, Massachusetts 01915
Phone: 978-927-8330 ♦ Fax: 978-524-0461**

CANCELLATIONS

All requests for cancellations must be in writing. If a cancellation is received at the Society's Administrative office prior to Tuesday, September 10, 2019 registration fee, less a \$50.00 administrative fee, will be refunded after the meeting. Refund requests received after Tuesday, September 10, 2019 will not be honored.