



AMERICAN COLLEGE OF SURGEONS - NORTH TEXAS CHAPTER

## 2012 Annual Meeting

FEBRUARY 17-18, 2012 | CITYPLACE CONFERENCE CENTER | DALLAS, TX

### REGISTRATION FORM

Please complete all sections below or register on-line at [www.ntexas.org](http://www.ntexas.org). Registration confirmations will be emailed.

FIRST NAME

LAST NAME

CREDIT CARD MAILING ADDRESS

CITY / STATE / ZIP

OFFICE PHONE

FAX

E-MAIL ADDRESS

OFFICE CONTACT

#### 2012 ANNUAL CHAPTER DUES

#### FEE

- Fellow, Associate Fellow, Candidate (out of training)  
 Resident in Training  
 Retired from Practice

\$125

EXEMPT

EXEMPT

#### ANNUAL MEETING REGISTRATION

#### FEE

- Fellow, Associate Fellow, Candidate, Retired from Practice  
 2011-2012 New ACS Member in North Texas Region

\$125

\$0\*

*\*To receive complimentary registration, your name must appear on the list we received from ACS*

- Allied Health Professional  
 Resident or Medical Student

\$75

\$0

Tax ID #75-1923987

**TOTAL DUE**

\$ \_\_\_\_\_

#### PAYMENT INFORMATION

Full payment must be received with the registration form via a check, payable to the North Texas Chapter of the ACS, or by credit card by filling out the information below. NO BALANCE DUES ARE PERMITTED.

- Check     American Express     MasterCard     VISA     Discover

NAME AS IT APPEARS ON CARD

CARD NUMBER

EXPIRATION DATE

SIGNATURE

**If paying by credit card:** Fax this form to 913.273.1140.

**If paying by check** mail to: North Texas Chapter of ACS; PO Box 413062, Kansas City, MO 64141.

Cancellation Policy: There will be a \$25 administrative fee for refunds received by February 11; No refunds for cancellations received after February 11.

Meeting Confirmations: Confirmations will be emailed to the email address provided above.

### REGISTRATION QUESTIONS?

Contact the NTC-ACS Headquarters at 913.402.7102 or [meetings@ntexas.org](mailto:meetings@ntexas.org)