

REGISTRATION FORM



Michigan Society of Thoracic & Cardiovascular Surgeons

2017 Annual Summer Meeting July 27-30, 2017

REGISTRANT INFORMATION: PLEASE PRINT CLEARLY FOR NAME BADGES

Name: _____ Designation _____

Hospital Site: _____

Address: _____

City: _____ State: _____

Email: _____ Phone: _____

Spouse Name: (if attending) _____

ATTENDEE & EVENT REGISTRATION	#	FEE	TOTAL
Surgeon Member	_____	\$425 each	_____
Senior/Retired Surgeon member	_____	\$200 each	_____
Associate Member (data manager)	_____	\$200 each	_____
MI Perfusionist Member	_____	\$250 each	_____
NonMember/Out of State (surgeons)	_____	\$500 each	_____
Data Manager Guest	_____	\$250 each	_____
First Data Manager from Site	_____	\$0 each	_____
Hospital Site _____			

PAYMENT INFORMATION

TOTAL AMOUNT DUE \$ _____

Check # _____

CREDIT CARD

Please check card type below

Visa MasterCard AmEx

CARDHOLDER INFORMATION

Name (as it appears on card): _____

Card Number _____

Expiration Date _____

Signature _____

Please mark the meetings you will be attending below (we need a count for food)

- Thursday Data Manager(Adult Cardiac) Meeting 10-3pm
- Thursday Data Manager (Thoracic) Meeting 3-6pm
- Thursday Surgeon Quality Committee Dinner (surgeons only) 6-8pm
- Thursday MSTCVS Quality Collaborative Meeting 8-10pm
- Saturday Pneumonia Prevention and Funded CQI Projects 7:00-7:55am
- Friday Evening Banquet 6-10pm (no fee for registrant)
- Friday Evening Banquet Adult Guest # _____ \$55 each _____
- Friday Evening Banquet Child Guest # _____ \$20 each _____

Adult guest is anyone over 16, children under 4 is free

TOTAL AMOUNT \$ _____

PAYMENT METHODS

If paying by check, make check payable and mail to:

MSTCVS
Tax ID # 38-3071615
PO Box, 411, Williamston, MI 48895

If paying by credit card:

Online Registration <http://mstcvs.org/annual-summer-meeting/>
Your username is your email address. Click forgot password to reset it.
Or fax registration form to 517-252-4334
Or email registration form to admin@mstcvs.org

CONFIRMATIONS: Receipt of each registration will be acknowledged with a confirmation email. If you do not receive a confirmation email prior to the event, please call 517-252-4324 to confirm your registration.

REFUND POLICY: MSTCVS understands the unpredictable schedules of health care professionals. However, due to meeting expenses, it is necessary to charge a \$75 cancellation fee. Refunds will not be provided within ten (10) days of the meeting.

Contact MSTCVS with questions at 517-252-4324

REGISTRATION FEE

The Registration fee includes educational sessions, Thursday Welcome Reception, Friday Banquet and all breakfasts, lunches and breaks.

Fee for Spouses, Guests and Children are for Friday Banquet only.