

REGISTRATION FORM



Michigan Society of Thoracic & Cardiovascular Surgeons

2018 Annual Summer Meeting August 9-12, 2018

REGISTRANT INFORMATION: PLEASE PRINT CLEARLY FOR NAME BADGES

Name: _____ Credentials (MD, PA, CCP, RN, Etc.) _____

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	_____

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) 5-7pm
- Thursday MSTCVS Quality Collaborative Meeting 8-10pm
- Friday General Session
- Saturday General Session
- 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 # _____ \$45 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. Registration fees do not include fees for spouses,