

INDIANA CHAPTER, AMERICAN COLLEGE OF SURGEONS
66th ANNUAL SCIENTIFIC MEETING
REGISTRATION FORM
April 12-13, 2019

NAME _____

ADDRESS _____

TELEPHONE _____ E-MAIL _____

PLEASE PROVIDE NAME(S) OF GUEST(S)

PHYSICIAN MEETING REGISTRATION FEE - \$ 100.00 x ____ = _____
Students, Residents and Former Chapter Presidents are exempt

Friday, April 12

I will attend Stop the Bleed Training yes no (circle one)

Friday, April 12

I will attend the Resident/Surgeon Forum yes no (circle one)

Saturday, April 13

I will attend the Scientific Meeting yes no (circle one)

Please advise below if vegetarian meals are needed or if there are any other dietary restrictions.

MAKE CHECKS PAYABLE TO: INDIANA CHAPTER, ACS

OR PAY ONLINE: <http://www.infacs.org> – Register now!

(Confirmation will be sent via e-mail upon receipt of your registration.)

MAIL CHECK AND FORM TO:
Tom Dixon/ACS Annual Meeting
49 Village Walk, # 274
Zionsville, IN 46077

QUESTIONS?
Tom Dixon
317-698-2105
tomdixon18@infacs.org