

37TH ANNUAL MEETING
WESTERN THORACIC SURGICAL ASSOCIATION
BROADMOOR HOTEL
COLORADO SPRINGS, CO
June 22-25, 2011

EVENT REGISTRATION FORM

NAME: _____
HOSPITAL/AFFILIATION: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE/FAX/EMAIL: _____

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|----------|---|-------|-------------|
| 1. _____ | Breakfast Session A: Improving Reimbursement
<i>Friday, June 24, 6:30 am</i> | \$60 | \$ _____ |
| 2. _____ | Breakfast Session B: Optimizing Contract & Compensation
<i>Friday, June 24, 6:30 am</i> | \$60 | \$ _____ |
| 3. _____ | Breakfast Session C: Conflict & Giving/ Receiving
<i>Friday, June 24, 6:30 am</i> | \$60 | \$ _____ |
| 4. _____ | Samson Fun Run*
<i>Thursday, June 23, 6:00 am</i> | | FREE |
| 5. _____ | Foothills Jeep Tour
<i>Thursday, June 23, 12:45 pm – 4:00 pm</i> | \$115 | \$ _____ |
| 6. _____ | US Olympic Training Center Tour
<i>Thursday, June 23, 2:30 pm – 4:30 pm</i> | \$30 | \$ _____ |
| 7. _____ | Golf Tournament
<i>Friday, June 24, 1:00 pm</i> | \$250 | \$ _____ |
| 8. _____ | Tennis Tournament
<i>Friday, June 24, 1:30 pm</i> | \$50 | \$ _____ |

TOTAL AMOUNT DUE: _____

Please charge my registration fees to the following credit card:
 
 
 

Name As It Appears on Credit Card: _____

Billing Address of Card Holder: *Same as Above* or _____

City: _____ **State:** _____ **Zip:** _____

Credit Card #: _____ **Expiration Date:** _____ / _____

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

Signature: _____



FAX THIS FORM: 1-978-524-0461. If paying by check or money order, please **MAIL THIS FORM:**
 WTSA, Annual Scientific Meeting, 900 Cummings Center, Suite 221-U, Beverly, MA 01915 USA.