

AAES 31st Annual Meeting Registration

REGISTRANT CATEGORY Please complete ONE form for each physician registrant. Check one category below:

- AAES Member
 Non Member
 Resident/Fellow
 Add a Spouse/Guest *

* SPOUSE/GUEST NAME (IF ATTENDING) AS YOU WOULD LIKE IT TO APPEAR ON NAME BADGE

NOTE: The Spouse/Guest fee includes the Welcome Reception, Banquet, Breakfast and Coffee Breaks. It does NOT include the Monday Luncheon.

REGISTRANT INFORMATION Please print your name as you would like it to appear on your name badge.

FIRST NAME		LAST NAME	
INSTITUTION		SURGICAL SPECIALTY	
ADDRESS			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
OFFICE PHONE		FAX	
E-MAIL ADDRESS		OFFICE CONTACT	

REGISTRATION FEES

	Postmarked by March 19	Postmarked after March 19	Registration Fees
Member	\$375	\$425	\$ _____
<i>Includes Active, Senior, Corresponding, Allied Specialist and Candidate membership</i>			
Non Member	\$425	\$475	\$ _____
Resident/Fellow	\$225	\$275	\$ _____
Spouse/Guest	\$225	\$275	\$ _____


Optional Activities	Total # attending	Member/Non Member/Resident	Spouse/Guest	Optional Activities Fees
<i>Saturday, April 17</i>				
Golf Outing	_____	\$100	\$100	\$ _____
<i>Sunday, April 18</i>				
Tennis Tournament	_____	\$35	\$35	\$ _____
Program Directors Meeting	_____	INCLUDED	NA	\$ _____
Molecular Markers Workshop	_____	\$50	NA	\$ _____
Welcome Reception	_____	INCLUDED	INCLUDED	\$ _____
<i>Monday, April 19</i>				
AAES Luncheon	_____	INCLUDED	NA	\$ _____
Reception & Banquet	_____	INCLUDED	INCLUDED	\$ _____
<i>Tuesday, April 20</i>				
Maintaining an Endocrine Surgery Practice	_____	\$50	NA	\$ _____
AAES Tax ID #11-3824510			GRAND TOTAL	\$ _____

PAYMENT INFORMATION Full payment must be received with the registration form via a check, payable to AAES, or by credit card by filing out the information below. NO BALANCE DUES ARE PERMITTED.

- American Express
 MasterCard
 VISA
 Discover
 Check

NAME AS IT APPEARS ON CARD	
CARD NUMBER	EXPIRATION DATE
SIGNATURE	

»PAY BY CREDIT CARD Facsimile to (913) 273-9940 **»PAY BY CHECK** Mail to American Association of Endocrine Surgeons, PO Box 413072, Kansas City, MO 64141 **»CANCELLATION POLICY** Registration cancellations must be received in writing by mail, email or fax by Friday, March 19, 2010. Cancellations received by this date will be refunded, less a \$100 administrative fee. All refunds will be processed immediately following the conference. No refunds for cancellations received after March 19. **»MEETING CONFIRMATIONS** will be e-mailed to the e-mail address provided in the "Registration Information" section above.

 **»SPECIAL ASSISTANCE** Do you require specific aids or services and/or do you have any special dietary restrictions? Please indicate any special instructions here: _____

»FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT Registration information is collected under the authority of the Freedom of Information and Protection of Privacy Act. The information you provide is required for registration purposes and will be used to notify you of other courses or pertinent information. Financial information is used to process applicable fees and is retained for future reference. If you have questions about the collection or use of this information, please contact AAES at 913.402.7102 or meetings@endocrinesurgery.org.

QUESTIONS? Contact AAES Headquarters

Nonie Lowry, Meeting Manager
 American Association of Endocrine Surgeons
 PO Box 413072
 Kansas City, MO 64141
 Telephone: (913) 402-7102
 Facsimile: (913) 273-9940
 Email: meetings@endocrinesurgery.org
 Web: www.endocrinesurgery.org



April 18-20, 2010
 Pittsburgh, PA

www.endocrinesurgery.org

The American Association of Endocrine Surgeons
31st Annual Meeting