



ECTSS 56TH ANNUAL MEETING

Opal Sands Resort, Clearwater Beach, Florida

October 17 - 20, 2018

REGISTRATION FORM

(FORM MUST BE RECEIVED BY OCTOBER 5, 2018)

Name (please print) _____ Designation/Degree _____

Affiliation Name _____

Address _____ City / State / Zip _____

Phone / Fax _____ E-mail _____

REGISTRATION FEES

Member \$ 225 = \$ _____

Includes Welcome Reception, Continuing Medical Education Programs, Breakfast, Refreshment Breaks, Exhibits, David B. Campbell / Fred Weber Scholarship Lecture, Movie Night, Case Bowl, Magovern Lectureship Luncheon, Scientific Poster Rounds and President's Dinner

Please note that your 2018-2019 membership dues must be paid in full to qualify for the member rate. Unpaid members registration forms will not be processed without dues payment.

Membership Dues \$ 300 = \$ _____

Non-Member \$ 425 = \$ _____

Includes Welcome Reception, Continuing Medical Education Programs, Breakfast, Refreshment Breaks, Exhibits, David B. Campbell / Fred Weber Scholarship Lecture, Movie Night, Case Bowl, Magovern Lectureship Luncheon, Scientific Poster Rounds and President's Dinner

Resident / Fellow / Student No charge \$ _____

Includes Welcome Reception, Continuing Medical Education Programs, Breakfast, Refreshment Breaks, Exhibits, David B. Campbell / Fred Weber Scholarship Lecture, Magovern Lectureship Luncheon and Scientific Poster Rounds

Non-Physicians \$ 200 = \$ _____

Includes Welcome Reception, Continuing Medical Education Programs, Breakfast, Refreshment Breaks, Exhibits, David B. Campbell / Fred Weber Scholarship Lecture, Movie Night, Case Bowl, Magovern Lectureship Luncheon, Scientific Poster Rounds and President's Dinner

Spouse / Guest \$ 100 = \$ _____

Includes Welcome Reception, Magovern Lectureship Luncheon and President's Dinner

Please note that meeting participants are responsible for their own housing and travel reservations. For discounted hotel reservations, contact the Opal Sands Resort at 855-335-1087, request the reservation department and inform the agent that you are with the Eastern Cardiothoracic Surgical Society.

SUB TOTAL \$ _____

