



CONGENITAL HEART SURGEONS' SOCIETY

Annual Meeting

PRE-REGISTRATION FORM

November 1-2, 2009 The Westin O'Hare Chicago, Illinois

Please Print Clearly Or Type

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

2 EASY WAYS TO REGISTER!

- **Fax:** 978-524-0498
- **Mail:** 900 Cummings Center, Suite 221-U
Beverly, MA 01915

REGISTRATION FEES

			<u>Total</u>
A. _____	Member	N/C	N/C
B. _____	Non-Member	\$ 150	\$ _____
C. _____	Resident	\$ 50	\$ _____

TOTAL AMOUNT DUE: \$ _____

METHOD OF PAYMENT

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 the front or back of your credit card.

Signature: _____



I would like to pay by check (enclosed).

Please make checks (in U.S. funds) payable to:
CHSS 900 Cummings Center Suite 221-U Beverly, Massachusetts 01915
Phone: 978-927-8330 Fax: 978-524-0498

All requests for cancellations must be received in writing. If a written request of cancellation is received at the Society's Administrative Office prior to Monday, October 5, 2009, the registration fee, less a \$25.00 administrative fee, will be refunded after the meeting. Refund requests received after October 8th will not be honored.