

# REGISTRATION FORM

## Eastern Association for the Surgery of Trauma (EAST) 34<sup>th</sup> EAST Annual Scientific Assembly – Virtual Advancing Science - #EAST2021

PLEASE TYPE OR PRINT CLEARLY.

This is my first EAST Annual Scientific Assembly

FIRST MIDDLE LAST

PROFESSIONAL DEGREE(S)/DESIGNATION/CREDENTIALS POSITION/TITLE

INSTITUTION

PREFERRED MAILING ADDRESS  HOME  OFFICE

CITY STATE ZIP COUNTRY

PHONE FAX MOBILE (OPTIONAL)

EMAIL (Confirmation and CME credit information will be sent to this email address)

ACS MEMBER ID (to be used for CME purposes only) TWITTER HANDLE (if applicable, this may be used in future EAST applications)

**Meetings Code of Conduct:** By registering for the 34<sup>th</sup> EAST Annual Scientific Assembly Virtual you acknowledge that you have read the **Meetings Code of Conduct** available on the EAST website and listed in the registration brochure; you know its contents; you entered into it as a free and voluntary act; and you agree to abide by its terms as a condition of meeting attendance.

ATTENDEE OR DESIGNEE SIGNATURE

**I AGREE** that all persons attending virtual Eastern Association for the Surgery of Trauma (EAST) events may be photographed or recorded (both image and chat comments), and the photos and recordings may be used for news, educational, marketing or other purposes. Your registration for this event signifies your consent to this use.

I do not want to receive promotional materials from exhibitors prior to or after the annual scientific assembly.

**Military Affiliation:**  Active  Reserve  Guard  Retired

**Registration Fee:** Fee includes all scientific sessions, educational sessions, and keynote presentations.

- EAST Member** – Active, Senior, Associate, Emeritus, Honorary, International \$175
- EAST Member** – Provisional \$ 50
- Active Duty Military\*\*** \$150
- Nonmember** \$225
- Fellow-in-Training/Resident\*** \$ 50
- Low and Middle Income Countries Physician\*\*\*** \$ 50
- Medical Student\*** \$ 0

\*Requires letter verifying your current status as a fellow-in-training/resident or medical student.

\*\*Requires letter verifying active duty status. Only those who are active duty are eligible.

\*\*\*Physicians who do not practice in the United States, Canada, Europe, Australia, or New Zealand

**Americans With Disabilities Act:** Please indicate if an ADA accommodation is required. If required, an EAST staff person will contact you.

Audio  Visual  Other \_\_\_\_\_

**Solicitation Policy:** All company products and equipment business MUST be conducted in the virtual exhibit hall area. Non-exhibiting company personnel are prohibited from soliciting EAST attendees at any time during the meeting. Please report any unauthorized solicitation to EAST staff immediately.

I have read and understand the solicitation policy.

**Confirmation:** Confirmations will be sent via e-mail, fax, or mail to all registrants. Please ensure legibility prior to faxing or mailing, and include all pages of the registration form.

## EU Residents Only: Opt-in for Purchase of Products, Services, Registration, Other Applications

Personal data collected through registration for events will be held and processed by the Eastern Association for the Surgery of Trauma, their respective employees, agents, and contractors (collectively "EAST"), to administer purchased products and services and to conduct such other functions which are necessary to its business operations for three years. EAST may also share your personal data with outside companies offering products and services which may be of interest to you (other purposes).

I understand that my personal data collected through my registration for events will be used to process the registration and I consent for my personal data to be used for the other purposes as stated above.

I understand that my personal data collected through my registration for events will be used to process the registration. I do not consent for my personal data to be used for the other purposes stated above.

## PAYMENT INFORMATION

METHOD OF PAYMENT (U.S. FUNDS ONLY) - EAST Tax ID: 61-1310842

**Check:** Payable to "EAST"

**Credit Card:**  Visa  Mastercard  American Express

NAME ON CARD

CARD #

EXPIRATION DATE

CVV CODE

SIGNATURE

### It's Easy To Register

1. Online: <https://www.east.org/scientific-assembly/registration>
2. Mail: EAST Annual Scientific Assembly Meeting Registration  
c/o American College of Surgeons\*  
Attn: Registration Services  
633 N. Saint Clair St.  
Chicago, IL 60611

*\*If paying by check, please make your check payable to EAST.*

### EAST Registration Services

Phone: 312-202-5244 • Fax: 312-202-5003

Email: [registration@facs.org](mailto:registration@facs.org)

### Cancellation/Refund Policy

Cancellations received in writing by Monday, January 11, 2021 will receive a full refund. **Refunds will not be issued for cancellations received after January 11, 2021.**