# **REGISTRATION FORM**

PLEASE TYPE OR PRINT CLEARLY.

Eastern Association for the Surgery of Trauma (EAST) 33rd Annual Scientific Assembly – January 14 - 18, 2020 Loews Sapphire Falls Resort, Orlando, FL

FIRST	MIDDLE		LAST		
PROFESSIONAL DEGREE(S)/DESIGNATION/CREDENTIALS			POSITION/TITLE		
INSTITUTION					
PREFERRED MAILING AL	DDRESS   HOME [	<b>J</b> OFFICE			
CITY	STATE		ZIP	COUNTRY	
PHONE		FAX	MOBILE (OPTIONAL)		
EMAIL (Confirmation and Cl	ME credit information will be s	ent to this email address)			
ACS MEMBER ID (to be us	sed for CME purposes only)		TWITTER HANDLE	(if applicable, this may be used in future EAST applications)	
EMERGENCY CONTACT N	NAME	RELATIONSHIP TO ATTE	ENDEE	EMERGENCY CONTACT PHONE/MOBILE	
Code of Conduct availa	ble on the EAST websit		ration brochure; you	ou acknowledge that you have read the Meetings a know its contents; you entered into it as a free e.	
ATTENDEE OR DESIGNE	E SIGNATURE				
☐ I do not want to rece	eive promotional materia	als from exhibitors prior to	o or after the Annua	al Scientific Assembly.	
Military Affiliation:	Active  Reserve 1	<b>J</b> Guard □ Retired			
Opening Reception* or	Wednesday evening; a	nd the Closing* on Frida	y.	reakfast on Thursday and Friday morning; the	
	,	and appropriate fees must be p		2010 and January 12, 2020, *Opeits Fac. January 14, 10	
		Late Registration Fee – received nember registration fee applies.	r between December 17, .	2019 and January 13, 2020; *Onsite Fee – January 14 - 18,	

EAST Member	Early	Late	Onsite	
☐ Active, Senior, Emeritus, Honorary, or International	\$675	\$750	\$775	
☐ Associate	\$400	\$425	\$450	
☐ Provisional	\$250	\$300	\$325	
☐ Active Duty Military**	\$400	\$450	\$475	
Non-Member				
☐ Physician	\$750	\$775	\$800	
☐ Advanced Practitioner	\$425	\$450	\$475	
□ Nurse	\$425	\$450	\$475	
☐ Paramedic	\$425	\$450	\$475	
■ Non-Physicians	\$425	\$450	\$475	
☐ Fellow-in-Training/Resident*	\$250	\$300	\$325	
☐ Active Duty Military**	\$400	\$450	\$475	
■ Medical Student*	\$0	\$0	\$ 25	
☐ Fellow-in-Training Package†	\$350	\$400	\$425	
Package Includes:				

<sup>•</sup> Half Day Bridging the Gap Workshop on Tuesday • All scientific sessions • Opening Reception on Wednesday evening (RSVP/ticket required) and Closing Party on Friday (RSVP/ticket required).

<sup>\*</sup>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.

# Spouse/Guest Registration Fee

(Fee includes admission to the Opening Reception\* on Wednesday evening and Closing Party on Friday.)

\*These will be ticketed events. Nametags are required for admittance to all social functions. Registration/RSVP required, and appropriate fees must be paid to attend.

SPOUSE/GUEST: \$125 PER PERSON	N				
Last Name:	F	irst Name:			
Last Name:	F	irst Name:			
Last Name:	F	irst Name:			
Last Name:	F	irst Name:			
Last Name:	F	irst Name:			
CHILDREN:  ☐ Ages birth through 5 years: No Charge/\$0 ☐ Ages 6 through 17 years: \$75 per person Fee includes the Opening Reception* on Wednesday to all social functions. Registration/RSVP required, an KIDS KLUB – THURSDAY, JANUARY 16, 2020 EAST is pleased to host its annual Kids Klub Party or registered to attend this event. To ensure appropriate is required. On-site registration will not be available.	evening; and the Closing and appropriate fees must be a Thursday evening (6:00 child-care staffing, enough	be paid to attend. pm-10:00 pm). There is gh food and beverage, an	not a separate fee for Kid a variety of age-approp	ds Klub, b riate plan	ut children must be pre- ned activities, pre-registration
Last Name:					Kids Klub Only
	First Name:				Kids Klub Only
	First Name:		_		Kids Klub Only
Last Name:					Kids Klub Only
Last Name:					Kids Klub Only
Last Name:					Kids Klub Only
Last Name:	_ First Name:		Age:		Kids Klub Only
Special Programming Attend To ensure we have adequate seating and enceplease indicate if you will attend. Space is li	ough food and beverage mited.		events,		
Wednesday, January, 15, 2020 - 7:30 am -  □ EAST Short Course #1 - Making the GR □ EAST Short Course #2 - Surgical Resea □ EAST Short Course #3 - Prevention is the □ EAST Short Course #4 - Trauma Quality	ADE: The Art and Sourch Boot Camp: From the Best Medicine: Buil	cience of Creating Hi n Idea to Publication Iding and Maintaining	n, Funding, and Beyo g a High Quality Injury	nd Prevent	ion Program in Any Setting
Thursday, January 16, 2020 – 7:00 am - 8 No Suit, No Problem: Fostering Relationshi Open to all attendees.		s			
☐ Yes, I will attend					

## **EAST Social Event Attendance – Please RSVP!**

To ensure we have adequate seating and enough food and beverage ordered for these events, please indicate if you and how many in your party (spouse/guests/children) will be attending. **All spouses, guests, and children must be registered and the appropriate fees paid to attend these events.** 

Opening Reception – Wednesday, Janu	ary 15, 2020 - 6:30 pm - 8:30 pm	
☐ Will attend # in your party (includi	ng self) =	
EAST Closing Party* – Friday, January	17, 2020 - 4:45 pm - 6:45 pm	
☐ Will attend # in your party (includi☐ Will not attend	ng self) =	
Courses & Workshops		
(Fees are in addition to primary registration fee.) Please check the courses/workshops yo	u want to attend.	
Monday, January 13, 2020 ☐ American Burn Association (ABA) Ac	<b>Fee</b> \$325	
Tuesday, January 14, 2020		Fee
$\hfill \square$ Taking the Lead: Strategies for Leadin	\$525	
☐ MIS MASTERS Course (Multi-society	\$300	
☐ Bridging the Gap – A Chief Residents	& Fellows Workshop	\$375
Thursday, January 16, 2020		Fee
☐ Advanced Practitioners in Trauma Wo When Caring for the Acutely Injured Pat	orkshop – Addressing Professional & Clinical Development ient	\$325
Saturday, January 18, 2020		Fee
□ STN – Trauma Outcomes Performance Improvement Course (TOPIC)		\$375
Summary & Payment Info	ormation	
REGISTRATION FEE TOTALS		
Primary Registration Fee:	\$	
Spouse/Guest/Children Fees*:	\$	
Courses/Workshops Fees:	\$	
TOTAL:	\$	
*All spouses/guests/children must be registered an	d appropriate fees paid for admittance to Opening Reception and Closing Party.	
METHOD OF PAYMENT (U.S. FU	NDS ONLY)	
☐ Check: Payable to "EAST"		
☐ Credit Card: ☐ Visa ☐ Mastercard	d ☐ American Express	
NAME ON CARD	CARD # EXPIRATION	N DATE
SIGNATURE		

#### THREE EASY WAYS TO REGISTER

1. Online: https://www.east.org/scientific-assembly/registration

2. Fax: 312-202-5003

3. Mail: EAST Annual Scientific Assembly Meeting Registration

c/o American College of Surgeons Attn: Registration Services

633 N. Saint Clair St. Chicago, IL 60611

Registration contact information for registration questions, cancellations, registration edits, and any other misc. registration related items.

### **EAST Registration Services**

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

Email: registration@facs.org

### CANCELLATION/REFUND POLICY

Cancellations received in writing by Wednesday, January 6, 2020 will receive a full refund less a \$75 administrative fee. Refunds will not be available for cancellations after this date. Please submit all cancellation requests in writing to EAST Registration Services at registration@facs.org.