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Please fill out this form and submit with necessary payment

_____ Yes, I will be attending the 2005 Hawaii Chapter of the American College of Surgeons Summer Meeting at the J.W. Marriot Ihilani Resort at Ko'Olina

Schedule of Events

Friday August 5, 2005	6:30 p.m. – 8:30 p.m.	Welcome Reception
Saturday August 6, 2005*	8:00 a.m. – 2:00 p.m.	Scientific Session
Saturday August 6, 2005	6:30 p.m. – 9:30 p.m.	Charles Judd Memorial Banquet

* Continental Breakfast/Sign-In 7:00 a.m. – 8:00 a.m.

These Registration Categories/Fee Schedules Include ALL Events

Registration fee for Active, 2005 Dues-paid ACS Hawaii Chapter member is \$100
Fee for spouse/guest of Active, 2005 Dues-paid ACS Hawaii Chapter member is \$75
Registration for non-Member MD is \$150
Registration for non-Member MD guest is \$125

These Registration Categories/Fees Schedules Includes the Scientific Meeting ONLY

Registration fee for Active, 2005 Dues-paid ACS Hawaii Chapter member is \$40
Registration for non-Member MD is \$50

Make checks payable to: ACS Hawaii Chapter
Payment Must Be made in Advance

Name (Member or Attendee): _____

Name (Your Guests): _____

Registration Fee(s) Enclosed: _____

Contact Information: _____

Please mail this completed form to: Gary Belcher, Executive Director, HI Chapter
1982 Hoolehua Street
Pearl City, HI 96782

For more information and additional registration forms, please browse our website at
<http://hawaiiifacs.org>