

Side X Side (SXS) 2015 — REGISTER NOW!

ONE registration per form. Copy form if necessary.
EARLY BIRD DEADLINE: January 13, 2015

LAST/FAMILY NAME	FIRST NAME	MI	DEGREE
PRACTICE NAME			
BUSINESS MAILING ADDRESS			
CITY	STATE	ZIP	COUNTRY
BUSINESS TELEPHONE <i>(International attendees, please include city and country code for phone and fax.)</i>		FAX	
E-MAIL ADDRESS			
☐ I have allergies and/or dietary concerns (if checked, please list below):			

Check ONE ATTENDEE REGISTRATION FEE under appropriate column. Check any optional guest, workshop and/or lunch fees.

	Through September 21, 2014	September 22, 2014 Through January 13, 2015	After January 13, 2015
Physician	☐ \$700	☐ \$875	☐ \$1,000
Resident/Fellow*	☐ \$400	☐ \$485	☐ \$560
Military†	☐ \$525	☐ \$625	☐ \$750
Administrator or Staff	☐ \$400	☐ \$485	☐ \$560
Corporate Personnel	☐ \$1,950	☐ \$2,450	☐ \$2,750

* **Resident/Fellow:** An MD or DO who is CURRENTLY in a residency or fellowship program. A current letter of verification from department chairperson or fellowship sponsor must accompany this registration along with a picture ID and proof of date of birth. The age limit to be considered a resident/fellow is 35 years. Letters and credentials, which will be verified, can be faxed along with your registration to 703-547-8842. Your registration will not be complete until your residency/fellowship documentation has been received.

† **Military MD, DO:** In order to obtain this rate, registrant must have an active military email address. Please ensure your military email address is used for your registration record to avoid any adjustments in fees.



**Online pre-registration closes:
February 8, 2015**

Fax or mail form to:

Fax: (703) 547-8842
 Mail: Side X Side 2015
 4000 Legato Rd., # 700
 Fairfax, VA 22033

Payment

Payment (U.S. funds only) can be made by check, bank draft, travelers check, VISA, or MasterCard. Payment must accompany registration.

Registrations will be accepted via fax and mail through February 6, 2015. Online registrations will be accepted through February 8. You must register onsite after this date.

ASCRS is hereby authorized to adjust registration and attendance charges originally paid via fax or mail using my credit card if the amount originally paid was deficient or excessive by charging or crediting my credit card and providing a notice of the adjustment.

PAYMENT METHOD

TOTAL AMOUNT ENCLOSED
 \$ _____ (U.S. Funds)

Check Enclosed (Payable to ASCRS/ASOA Side X Side 2015)



Account Number _____

Expiration Date/ Security Code _____

Cardholder's Name (please print) _____

Cardholder's Signature _____

Cancellation/Refund Policy DEADLINE:

All cancellations and requests for **refunds must be in writing** and received no later than January 16, 2015. A handling fee of \$125 will be deducted from each cancelled registration received before January 16, 2015.

NO REFUNDS will be given after January 16, 2015.

Side X Side 2015 is ADA Compliant

Any registrant who requires special accommodations should contact Paula Schneider at pschneider@ascrs.org.