Plastic Surgery Research Council

60th Annual Meeting

May 14 – 16, 2015

The Westin Seattle, Seattle, Washington

Hosted by University of Washington Medical School

Name: _____

Institution: _____

Address: _____

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

Phone: _____ *Fax:* _____ *E-mail:* _____

Spouse/Guest Name (if attending): _____ ☐ Please contact me regarding special needs.

REGISTRATION FEES

	Through 3/27/15	*After 3/27/15*	*On-site*
PSRC MEMBER	❑$625	❑$675	❑$775
NON-MEMBER	❑$750	❑$800	❑$900
STUDENT/RESIDENT/FELLOW*	❑$375	❑$425	❑$525

TOTAL: $_____

* Must Provide Letter from Chief of Service

ADDITIONAL FUNCTIONS & FEES

Plastic Surgery Foundation Research Fundamentals Workshop
May 16 – 17 ~ The Westin Seattle
Free of Charge
❑ Yes, I Will Attend ❑No, I Will Not Attend

PSRC Members' Dinner (***Members Only***, included in PSRC Member registration fee) – Friday, May 15th
❑ Yes, I Will Attend ❑No, I Will Not Attend
Spouses must pay $100 per person to attend the Members' Dinner
_____Tickets @ $100 Each

TOTAL: $_____

SPECIALTY (Please Circle One)

- Reconstructive Micro surgery
- Trauma surgery
- Orthopedic Surgery
- Hand Surgery
- Head and Neck Surgery
- General Surgery
- Maxillofacial/Craniofacial Surgery
- Other _____

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) Your credit card's security code is a 3- or 4- digit number located on its 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:**
PSRC ▪ 500 Cummings Center ▪ Suite 4550 ▪ Beverly, Massachusetts 01915
Phone: 978-927-8330 ▪ Fax: 978-524-0461 ▪ www.ps-rc.org

All requests for cancellations must be received in writing. If a written request of cancellation is received at the Council's Administrative Office prior to Friday, May 1st, the registration fee, less a $50.00 administrative fee, will be refunded after the meeting. Refund requests received after Friday, May 1st will not be honored.