MEMBER (PHYSICIAN) REGISTRATION FORM

59th ANNUAL MEETING - NEW ENGLAND SOCIETY of PLASTIC and RECONSTRUCTIVE SURGEONS

June 8 - 10, 2018 — The Equinox Golf Resort & Spa, Manchester Village, Vermont

THIS FORM MAY BE PHOTOCOPIED. PLEASE TYPE OR PRINT LEGIBLY.

MEMBER CLASSIFICATION (*place "1" in box*)

Active Member	
Senior Member	
NESPRS Applicant	
Resident	
Non-Member, Other	
Non-Physician/Nurse/Staff	

Friday - June 8, 2018

Welcome Reception - 6:00PM - 7:00PM

# Adults Attending:	
# Children Attending:	

Dinner Buffet - 7:00PM - 10:00PM

# Adults Attending:	
# Children Attending:	

Saturday - June 9, 2018

Business Meeting - Luncheon Included
(Active Members Only)

Saturday - June 9, 2018

The Equinox Family Dinner - 7:00PM-10:00PM

Adults - # Attending:	
Children Over 12 / Adult Meals	
Children 3-12 - # Attending:	
Children 3 & Under-# Attending:	

There's No Charge for Children 0-3

DEADLINE FOR EARLY REGISTRATION - MAY 4, 2018

New England Society Shirts and Vests

Return your Completed Shirts & Vests Order Form with your Registration Form. Shirts & Vests can be picked up at the meeting.

GENERAL INFORMATION

Name	
Address	
City	
State	ZIP
Phone Number	
FAX Number	
Email Address	
Nickname for Badge	
Spouse/Guest	
Nickname for Badge	

PHYSICIAN FEES	Before 5/4	After 5/4	On-Site
NESPRS Member	$ 550.00	$ 600.00	$ 650.00
Non-Member Physician	$ 650.00	$ 700.00	$ 750.00
Senior Member	$ 220.00	$ 270.00	$ 320.00
NESPRS Applicant	$ 600.00	$ 650.00	$ 700.00
Physician's Spouse/Guest	$ 250.00	$ 300.00	$ 350.00
Non-Physician/Nurse/Staff	$ 220.00	$ 270.00	$ 320.00
Children Over 12 / Adult Meals	$ 75.00	$ 90.00	$ 105.00
Children 3 - 12	$ 40.00	$ 55.00	$ 70.00
Children 3 and Under	Free	Free	Free

RESIDENT FEES			
Resident Fee (1 Day Mtg Only)	$ 75.00	$ 100.00	$ 125.00
Resident Fee (Fri Nite & Sat)	$ 140.00	$ 165.00	$ 190.00
Resident Fee (Sat Nite + Sun)	$ 160.00	$ 185.00	$ 210.00
Resident Fee (Fri + Sat + Sun)	$ 215.00	$ 240.00	$ 265.00
Resident's Guest Fee (Fri Nite Only)	$ 70.00	$ 95.00	$ 120.00
Resident'sGuestFee (Sat Nite Only)	$ 90.00	$ 115.00	$ 140.00
Resident'sGuestFee(Fri + Sat Nites)	$ 135.00	$ 160.00	$ 185.00

TOTAL PHYSICIAN FEES	$
TOTAL NON-MEMBER FEES	$
TOTAL SENIOR FEES	$
TOTAL RESIDENT FEES	$
TOTAL NON-PHYSICIAN/STAFF	$
TOTAL SPOUSE/GUEST FEES	$
TOTAL CHILDREN FEES	$
TOTAL FOR SHIRTS/VESTS	$
TOTAL FEES	**$**

Make checks payable to, and Mail to:

N.E.S.P.R.S.
Charlotte A. Constantian, Admin. Dir.
19 Tyler Street, Suite 302
Nashua, NH 03060

HAVE YOU...

1. **MADE YOUR EQUINOX HOTEL RESERVATIONS?**
2. ***COMPLETED THE SHIRTS AND VEST ORDER FORM (IF APPLICABLE)?***
3. **COMPLETED THIS ENTIRE FORM?**

If using a credit card, complete the information below and FAX this registration to **603-880-6660**.

Please charge the above amount to my

❒ *MasterCard* ❒ *VISA* ❒ *American Express*

Credit Card # _____ - _____ - _____

Exp. Date _____ / _____

3- or 4-Digit Auth. Number (On the Front or Back of Card) - _____

PRINT Name as it Appears on Card _____

Billing Address: _____

City: _____ State: _____ ZIP Code: _____

Cardholder acknowledges receipt of services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Signature _____