

MEETING REGISTRATION FORM

SURGICAL EDUCATION WEEK, MAY 1-5, 2018

JW MARRIOTT, AUSTIN, TEXAS

Association for Surgical Education
 Association of Program Directors in Surgery
 Association of Residency Administrators in Surgery

Complete and return with payment to:
APDS
6400 Goldsboro Road, Suite 200
Bethesda, MD 20817
Fax: (301)560-6305

<https://members.apds.org/meeting/registration>

Name (Please Print)

Email Address (Please Print - Confirmations are Emailed)

Institution

Mailing Address

City

State

Zip Code/Country

Phone

Spouse/Guest Name (if attending meeting - see pricing below)

Check all that apply:

- ASE Member
 APDS Member
 ARAS Member
 Resident
 Medical Student
 Membership Application Pending

CIRCLE ALL THAT APPLY:

Member

Non-Member*

Resident/Medical Student

Spouse/Accompanying Guest

SURGICAL EDUCATION WEEK: Tuesday - Saturday ASE, APDS, and ARAS Meetings

Member rate applies to Members of ASE, APDS, and ARAS

	Member	Non-Member*	Resident/Medical Student	Spouse/Accompanying Guest
on or before 4/2/18	\$725	\$975	\$425	\$250
on or after 4/3/18	\$775	\$1025	\$475	\$250
ASE ANNUAL MEETING: Tuesday - Thursday (concludes at 12:30pm)			Member	Non-Member
on or before 4/2/18	\$550	\$800	\$125	\$175
on or after 4/3/18	\$600	\$850	\$175	\$225
ASE COORDINATORS TRACK PROGRAM: Sessions begin Monday, April 30 and end Thursday, May 3				
on or before 4/2/18	\$450	\$600		
on or after 4/3/18	\$500	\$650		

ASE PRE-MEETING WORKSHOPS: Monday, April 30

ASE Troubleshooting Your Clerkship 108: 1:00PM-5:00PM			ASE Curricular Design/Redesign: 8:00AM-1:00PM	
on or before 4/2/18	\$100	\$100	on or before 4/2/18	\$100
on or after 4/3/18	\$150	\$150	on or after 4/3/18	\$150
ASE Clerkship Director Primer: 8:00AM-1:00PM			ASE Leaders in Simulation: Establishing Your Simulation Center and Optimizing Your Resources: 1:00PM-5:00PM	
on or before 4/2/18	\$100	\$100	on or before 4/2/18	\$100
on or after 4/3/18	\$150	\$150	on or after 4/3/18	\$150
ASE Faculty Development: 1:00PM-5:00PM				
on or before 4/2/18	\$100	\$100		
on or after 4/3/18	\$150	\$150		

*For information on the benefits of membership contact the ASE at info@surgicaleducation.com or APDS/ARAS at apds@mindspring.com.

TOTAL \$ _____

APDS and ARAS Meeting/Workshops on reverse side >>>

CIRCLE ALL THAT APPLY:	Member	Non-Member*	Resident/Medical Student	Spouse/Accompanying Guest
APDS NEW PROGRAM DIRECTORS WORKSHOP: Tuesday (12:00PM) - Wednesday (concludes at 4:00PM)				
on or before 4/2/18	\$375	\$375		
on or after 4/3/18	\$425	\$425		
ADPS MEETING: Thursday (12:45PM) - Saturday (concludes at 12:00PM)				
on or before 4/2/18	\$550	\$800	\$125 (ADPS Resident Member only)**	\$175
on or after 4/3/18	\$600	\$850	\$175 (ADPS Resident Member only)**	\$175
** must be APDS Resident Member to receive this rate. Go to www.apds.org for membership details.				
ARAS NEW COORDINATORS WORKSHOP: Wednesday (all day)			\$100	
ARAS MEETING: Thursday - Saturday (concludes at 12:00PM)				
on or before 4/2/18	\$550	\$800	n/a	\$175
on or after 4/3/18	\$600	\$850	n/a	\$175

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TOTAL \$ _____

EVENTS INCLUDED IN ASE AND SEW REGISTRATION

ASE CANDLELIGHT SESSION - TUESDAY, MAY 1, 6:30PM-8:30PM
 ASE BREAKFAST - WEDNESDAY, MAY 2
 JOINT RECEPTION - WEDNESDAY, MAY 2
 ASE ANNUAL UPDATE (includes breakfast) - THURSDAY, MAY 3

PLEASE CHECK: YES _____ NO _____
 PLEASE CHECK: YES _____ NO _____
 PLEASE CHECK: YES _____ NO _____
 PLEASE CHECK: YES _____ NO _____

ASE SOCIAL EVENT - TUESDAY, MAY 1, 7:00PM-9:00PM
 (Social Event held off-site, includes dinner and two drink tickets, plus live music)

\$75 each x _____ (# of tickets) = \$ _____

ASE "THINKING OUT OF THE BOX LUNCH - WEDNESDAY, MAY 2

\$40 each x _____ (# of tickets) = \$ _____

ASE BANQUET - WEDNESDAY, MAY 2 (Fee for ASE Meeting or SEW includes 1 ticket)

PLEASE CHECK: YES _____ NO _____

EXTRA TICKET FOR ASE BANQUET - WEDNESDAY, MAY 2
 GUEST NAME: _____

\$125 each x _____ (# of tickets) = \$ _____

TOTAL \$ _____

Complete and return with payment to:

APDS - 6400 Goldsboro Road, Suite 200 Bethesda, MD 20817

Fax: (301)560-6305

PAYMENT METHOD

- American Express
 MasterCard/Visa
 Check made payable to : APDS

Credit Card # _____

Exp. Date _____

Signature _____

Name on Card (Please Print) _____

CANCELLATION POLICY

Notice of cancellation and requests for refunds must be received in writing and can be faxed into the APDS office at 301-560-6305 or email apds@mindspring.com. Cancellations will not be accepted by telephone. If notice of cancellation is received by **APRIL 2, 2018**, a full refund will be given. A 50% refund will be given if written notice is received by **APRIL 6, 2018**. No refunds will be issued if written notice is received after **APRIL 6, 2018**.