

**MEETING  
REGISTRATION  
FORM**

**Surgical Education Week, April 23-27, 2019**  
**Fairmont Chicago, Illinois**  
 Association of Program Directors in Surgery  
 Association of Residency Administrators in Surgery  
 Association for Surgical Education

Complete and return with payment to:  
 APDS  
 6400 Goldsboro Road  
 Suite 200, Bethesda, MD 20817  
 Fax: (301)263-9025

**REGISTRATION FEE AFTER APRIL 17, 2019: There will be a \$50.00 increase in the registration fee for APDS, ASE and SEW registrations processed after April 17, 2019**

Name (Please Print) \_\_\_\_\_ Email Address (Please Print-Confirmations are emailed) \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip/Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Spouse/Guest Name (if attending meeting-see pricing below) \_\_\_\_\_  
 Check all that apply:  APDS Member  ARAS Member  ASE Member  Resident  Medical Student  Membership Application Pending

CIRCLE ALL THAT APPLY	Member	Non-Member*	Resident/Medical Student	Spouse/Accompanying Guest
<b>APDS New Program Directors Workshop – Monday, April 22 (11:30am) – Tuesday, April 23 (concludes at 11:00am)</b>				
on or before 3/1/19	\$375	\$375		
After 3/1/19	\$425	\$425		
<b>APDS Meeting – Tuesday, April 23 (12:00pm) – Thursday, April 25 (concludes at 12:00pm)</b>				
on or before 3/1/19	\$550	\$800	\$125	\$175
			<b>APDS Resident Member Only**</b>	
After 3/1/19	\$600	\$850	\$175	\$175
			<b>APDS Resident Member Only**</b>	
<b>After 4/17/19</b>	<b>\$650</b>	<b>\$900</b>		
<b>ARAS New Administrators Workshop – Monday, April 22 (all day) \$100</b>				
<b>ARAS Meeting – Tuesday, April 23 (8:00am) – Thursday, April 25 (concludes at 12:00pm)</b>				
on or before 3/1/19	\$550	\$800	n/a	\$175
After 3/1/19	\$600	\$850	n/a	\$175
<b>Surgical Education Week Tuesday – Saturday ARAS, APDS and ASE Meetings</b>				
on or before 3/1/19	\$725	\$975	\$425	\$250
After 3/1/19	\$775	\$1025	\$475	\$250
<b>After 4/17/19</b>	<b>\$825</b>	<b>\$1075</b>		
<b>ASE Meeting – Thursday, April 25 – Saturday, April 27 (concludes at 12:30pm)</b>				
			<b>Member</b>	<b>Non-Member</b>
on or before 3/1/19	\$550	\$800	\$125	\$175
After 3/1/19	\$600	\$850	\$175	\$225
<b>After 4/17/19</b>	<b>\$650</b>	<b>\$900</b>		
<b>ASE Coordinators Track Program – Wednesday, April 24 – Saturday, April 27</b>				
on or before 3/1/19	\$450	\$600		
After 3/1/19	\$500	\$650		
<b>ASE PRE-MEETING WORKSHOPS – WEDNESDAY, APRIL 24</b>				
<b>ASE Troubleshooting Your Clerkship 8:00AM-5:00PM</b>			<b>ASE Qualitative Methods and Writing Qualitative Work for Publication– 8:00AM-5:00PM</b>	
on or before 3/1/19	\$200	\$200	on or before 3/1/19	\$200
After 3/1/19	\$250	\$250	After 3/1/19	\$250
<b>ASE Graduate Surgical Education - Providing effective verbal feedback to trainees: knowledge, skills, and application – 8:00AM-11:00AM</b>				
on or before 3/1/19	\$100	\$100		
After 3/1/19	\$150	\$150		

\*For information on the benefits of membership contact the ASE at [info@surgicaleducation.com](mailto:info@surgicaleducation.com) or APDS/ARAS at [apds@mindspring.com](mailto:apds@mindspring.com)

REGISTRATION FEE TOTAL FROM ABOVE \$ \_\_\_\_\_  
 JOINT RECEPTION Wednesday, April 24 (included in ARAS, APDS, ASE or SEW registration) – PLEASE CHECK: YES \_\_\_\_\_ NO \_\_\_\_\_  
 ASE CANDLELIGHT SESSION Thursday, April 25 – PLEASE CHECK: YES \_\_\_\_\_ NO \_\_\_\_\_  
 ASE SOCIAL EVENT Thursday, April 25 - \$75 EACH \$ \_\_\_\_\_  
 ASE BUSINESS MEETING Friday, April 26 (ASE Members Only) – PLEASE CHECK: YES \_\_\_\_\_ NO \_\_\_\_\_  
 ASE “THINKING OUT OF THE BOX” LUNCH, Friday, April 26- \$25 each \$ \_\_\_\_\_  
 ASE BANQUET Friday, April 26 – (Fee for ASE meeting or SEW includes 1 ticket) PLEASE CHECK: YES \_\_\_\_\_ NO \_\_\_\_\_  
 EXTRA TICKET FOR ASE BANQUET Friday, April 26- \$125 each \$ \_\_\_\_\_  
 ASE BREAKFAST Saturday, April 27 – PLEASE CHECK: YES \_\_\_\_\_ NO \_\_\_\_\_  
 TOTAL ENCLOSED ... \$ \_\_\_\_\_

<b>Payment Method</b> <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard/Visa <input type="checkbox"/> Check made payable to: <b>APDS</b>	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 301-263-9025 or email [apds@mindspring.com](mailto:apds@mindspring.com). Cancellations will not be accepted by telephone. If notice of cancellation is received by **MARCH 22, 2019**, a full refund will be given. A **50% refund** will be given if written notice is received by **MARCH 27, 2019**. No refunds will be issued if written notice is received after **MARCH 27, 2019**.