



WESTERN THORACIC SURGICAL ASSOCIATION
43rd Annual Meeting
COLORADO SPRINGS, COLORADO
JUNE 21-24, 2017 • THE BROADMOOR



EXHIBITOR ACTIVITIES REGISTRATION FORM

NAME: _____
 COMPANY: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE/EMAIL: _____

_____ Full Meeting Package		
	<i>Includes #s 1, 2, 5, 6, 7—a savings of \$75</i>	\$600 \$ _____
1. _____	New Members / Welcome Reception <i>Wednesday, June 21, 7:00pm – 9:00pm, Lawn Lakeside Pool Area</i>	\$125 \$ _____
2. _____	Samson Fun Run <i>Thursday, June 22, 6:00 am, Golf Clubhouse</i>	FREE \$ n/c
3. _____	Golf Tournament <i>Friday, June 23, 12:30 pm, West Course</i>	\$285 \$ _____
4. _____	Tennis Tournament <i>Friday, June 23, 2:00 pm, the Tennis Courts</i>	\$95 \$ _____
5. _____	Wild Wild West Theme Dinner <i>Friday, June 23, 6:00pm – 10:00 pm, Cheyenne Lodge</i>	\$260 \$ _____
6. _____	Family Luncheon <i>Saturday, June 24, 12:30 pm – 2:00 pm, Lakeside Terrace</i>	\$65 \$ _____
7. _____	President’s Reception & Banquet <i>Saturday, June 24, 7:00 pm – 11:00 pm, Intl Center Foyer + Intl Center North</i>	\$225 \$ _____

PAYMENT: Check    Total Amount Due \$ _____

Secure Fax: 978.524.0461 *This form must be faxed if credit card number is showing - DO NOT EMAIL*

Name As It Appears on Credit Card: _____
 Complete if billing address differs from company address above:
 Street Address: _____
 City/State/Zip: _____
 Credit Card Number: _____ Expiration Date: _____
 Security Code: _____ (See card images below) Where is your Card Security Code? Your credit card’s security code is a 3- or 4- digit number located on its front or back of your credit card



Signature: _____ Date: _____