



WTSA REGISTRATION LIST ORDER FORM

The pre-registration list is available in excel format on a one time, one use basis after June 2nd. The cost is \$100.00. The final registration list will be available for a one time use approximately 3 weeks after the close of the meeting. The cost is \$100.00. Payment and a copy of your mail piece must be included with order form and sent to:

Western Thoracic Surgical Association
industry@westernthoracic.org | Fax: (978) 524-0461
 500 Cummings Center, Suite 4400
 Beverly, MA 01915

- Pre- registration list (\$100.00 fee)
- Final registration list (\$100.00 fee)

PAYMENT METHOD:

Credit Card: American Express MasterCard Visa

Check amount enclosed: \$ _____

Amount to be charged: \$ _____

 Credit Card Number

Expiration Date _____ Security Code _____
 (3-4 numbers on front or back of card)

 Name as it appears on credit card

 Cardholder's Signature

- Please check if credit card billing address is same as contact information at the top of the form.
- Secure Fax:** 978.524.0461

This form must be faxed if credit card number is showing. DO NOT EMAIL

- If billing address is not the same please enter below.

 Company Name

 Street Address

 City/State/Postal Code /Country

ONE TIME USE ONLY

I understand by ordering the labels, I will use them once and will not reproduce them. Please note that this list is seeded to detect unauthorized use and may be used for this mailing only. If unauthorized use is found, a \$1,000 fee will be imposed.

Contact Name: _____

Signature: _____

Date: _____