

State of the Art Consensus Conference on Prevention of Bile Duct Injury During Cholecystectomy

Saturday, October 20, 2018 • Seaport Hotel & World Trade Center • Boston, MA



Registration Form

REGISTRATION INFORMATION

First/Given Name: MI: Last/Family Name: Degrees:

Address:

City: State/Province: Zip Code: Country:

Phone: Fax:

Email Address: Institution: Title:

Medical Specialty:

☐ General Surgery

☐ Hepatobiliary and Pancreatic

☐ Gastrointestinal

☐ Other _____

☐ Gastroenterology

Gender:

☐ Male

☐ Female

☐ Prefer Not to State

REGISTRANT FEES

Registration Type/Price	Advance by Oct. 1	Onsite after Oct. 1	Total Fees	Registration Type/Price	Advance by Oct. 1	Onsite after Oct. 1	Total Fees
Surgeon Member*	\$100.00	\$125.00		Allied Health Member*	\$100.00	\$125.00	
Surgeon Non-Member	\$150.00	\$175.00		Allied Health Non-Member	\$150.00	\$175.00	
Resident/Fellow/Medical Student	\$25.00	\$50.00		Corporate Visitor	\$150.00	\$175.00	
						Grand Total	

* Member registration rates apply to members of presenting societies (SAGES, AHPBA, EAES, IHPBA, SSAT) and partner societies (AAST and ELSA).

☐ **ADA REQUEST:** If you have a disability and require a specific accommodation in order to fully participate in this activity, please check here. You will be contacted by someone from our staff to discuss your needs.

PAYMENT INFORMATION Full payment must be received with the registration form via a check, payable to SAGES in US dollars or by credit card by filling out the information below. NO BALANCE DUES ARE PERMITTED

☐ American Express ☐ Master Card ☐ VISA ☐ CHECK

Card Number: Exp. Date: Verification Code:

(Visa/MC 3 Digits on the Back of the card. Amex: 4 Digits on the Front of the card.)

Card Holder's Name: Cardholder's Signature:

****Student eligibility will be verified;** registrations made at the student rate may be subject to increased registration fees upon review.

CANCELLATION POLICY: Cancellations must be submitted in writing by October 1, 2018 to receive a refund minus a US \$25 administrative fee. Refunds will not be granted after this date or for no-shows. Submit cancellation requests via email to registration@sages.org or via fax to 310-437-0585. No refunds will be given for cancellations received after October 1st.

ONLINE REGISTRATION:
MEETING CONFIRMATIONS:
REGISTRATION DEADLINE:

<https://www.preventbdi.org/registration/>
Will be e-mailed to the registrant address provided above. **Early Bird Registration ends October 1, 2018**

QUESTIONS/ WHERE TO MAIL PAYMENT AND FORM

Prevent BDI/ SAGES
11300 West Olympic Blvd., Suite 600
Los Angeles, CA 90064
Phone: (310) 437-0555 ext. 128
Fax: (310) 437-0585
Email: registration@sages.org
Web: www.preventbdi.org