



**ADVANCE REGISTRATION FORM  
SOUTHERN SURGICAL ASSOCIATION  
129th ANNUAL MEETING  
THE HOMESTEAD, HOT SPRINGS, VIRGINIA  
December 3 – December 6, 2017**

**ADVANCE REGISTRATION OF \$150.00 MUST BE RECEIVED NO LATER THAN WEDNESDAY, NOVEMBER 15, 2017.** The registration fee includes the President's Reception and Banquet on Tuesday, December 5, 2017. An additional banquet fee of \$150.00 must be paid for each spouse/guest of members or nonmembers who attends the President's Banquet. A late fee of \$50.00 will be applied to any registration or banquet fee received after the November 15, 2017, deadline.

**To register and pay via credit card please go to the following link**

<http://southernsurg.org/paymentLinks.html>

**If paying by check please mail the check to:**

Lindsey Overman  
Secretary to the Treasurer, Southern Surgical Association  
University of Arkansas for Medical Sciences, College of Medicine  
Arkansas Children's Hospital Research Institute  
13 Children's Way, Slot 512-40  
Little Rock, Arkansas 72202

**NAME** \_\_\_\_\_

**Please write name as it should appear on your name badge.**

**ADDRESS** \_\_\_\_\_

**CITY, STATE, & ZIP** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_ Your receipt will be emailed to this address.

**TELEPHONE** \_\_\_\_\_ **MEMBER** \_\_\_ **NONMEMBER** \_\_\_ **GUEST OF (Provide name)** \_\_\_\_\_

**SPOUSE AND/OR GUEST NAME(S) as it/they should appear on name badge(s).** \_\_\_\_\_

- |  |                 |   |
|--|-----------------|---|
| <input type="checkbox"/> Registration fee for Members or Nonmembers (banquet fee included) | \$150.00        | <b>Will you be attending the banquet:</b><br>Yes ___ No ___ |
| <input type="checkbox"/> Banquet fee for spouse/guest                                      | \$150.00        | <b>Are you staying at the Homestead?</b><br>Yes ___ No ___  |
| <input type="checkbox"/> Additional banquet fee if not registered At The Homestead*        | \$150.00        |   |
| <input type="checkbox"/> Late fee (After November 15, 2017 or On-site)                     | \$50.00         |   |
| <b>TOTAL AMOUNT PAID</b>   | <b>\$ _____</b> |   |

\*As banquet cost is part of the meal plan an additional \$150 per person will be charged if not staying at The Homestead

Questions should be directed to V. Suzanne Klimberg, MD at cell (501)-680-0779, [klimberg1954@gmail.com](mailto:klimberg1954@gmail.com) or her assistant Lindsey Overman at (501) 364-5130 or [leoverman@uams.edu](mailto:leoverman@uams.edu).