



**REGISTRATION FORM**  
**SYRIAN AMERICAN MEDICAL SOCIETY**  
*Disney Coronado Spring Resort*  
*Orlando, FL.*  
*Feb 17-20, 2012*

**Please complete your information below:**

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: (required) \_\_\_\_\_

Specialty: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Present work: (please circle one) Private Practice Academic Resident Fellow Student

Academic Title if any (Please include your title, affiliation, city & state) \_\_\_\_\_

**Membership Dues** (Required for everyone including all chapters and groups)  
 Otherwise register for conference as non-member

National Membership Dues

Physicians \$150, Students, Residents & Fellows complimentary \$ \_\_\_\_\_

Local Chapter & Group Dues: (from list) \$ \_\_\_\_\_

Please circle chapter or group you belong to

**A. Total Membership Dues:** \$ \_\_\_\_\_

(Please circle chapter or group you belong to)

**Local Chapter Dues**

Michigan	\$50
Midwest	\$50
Northeast	\$50
Ohio	\$50
WV Chapter	\$50

**SAMS Group Dues**

<b>SAMS NEW</b>	
Practicing physicians	\$50
Residents & Fellows	\$25
<b>SAMS Thoracic Group</b>	
Practicing physicians	\$100
Residents & Fellows	\$50

**Deadline for Registration: Jan 13th, 2012** (After this date you will need to register on-site)

Conference Registration	Registration fees before Jan 13 <sup>th</sup>	Registration fees On site	Total
Physician Members (including 1 gala dinner ticket1)	\$ 375	\$400	\$ _____
Non Members - Physicians (including 1 gala dinner ticket)	\$ 550	\$ 650	\$ _____
Fellows/ Residents	\$ 175	\$225	\$ _____
Additional Gala Dinner Ticket (specify quantity _____)	\$100	\$100	\$ _____
Donation to SAMS Foundation			\$ _____
<b>B. Registration Total</b>			<b>\$ _____</b>

**TOTAL PAYMENT ENCLOSED (A +B):** \$ \_\_\_\_\_

**Payment due by Check or Credit Card**

<b>Credit Card Payment</b>
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Credit Card Number: _____ - _____ - _____ - _____
<b>Exp. Date:</b> _____
Signature: _____

- Please accept my check  
Amount : \$ \_\_\_\_\_  
Check #: \_\_\_\_\_
- Please bill my credit card  
Amount: \$ \_\_\_\_\_

<b>Make Checks Payable to SAMS</b>
<b>Mail Payment To:</b>
SAMS
PO Box 1015
Canfield, OH. 44406
<b>By Fax:</b>
(330) 319-8989