



**14th Instructional Course & 37th Annual Meeting
December 2 - 5, 2009 - Grand America Hotel – Salt Lake City, UT**

Scientific Attendee Registration Form

On-line registration is available & encouraged at www.csr.org

Name _____ Title _____
(MD, DO, PhD, RN, ...)
 Address _____ Phone _____
 _____ Fax _____
 City _____ State _____ Zip _____ Country _____
 E-Mail _____ Specialty Orthopaedics Neurosurgery Research
 Other _____

A. MEMBER REGISTRATION

Active Member Dues

- 2009 Dues are Paid
 Charge '09 Dues **\$850**

Senior, Corresponding or European

2009 Annual Meeting

- I will attend
 I will **NOT** attend
 \$550 USD

2009 Instructional Course (ICL)

- ADD \$350** (*discounted member rate*)
 I will **NOT** attend the ICL
 \$400 USD

B. NON-MEMBER REGISTRATION

**Letter from Chief of Service or copy of ID required to obtain fee*

I will attend:

- Annual Meeting **ONLY**
 Instructional Course **ONLY**
 BOTH Annual Meeting & ICL

Scientific Attendee

- \$ 800
 \$ 450
 \$1,150

Resident / **Fellow** / **Allied Health***

- \$300
 \$200
 \$450

C. GUEST REGISTRATION

Guest registration includes: Thurs-Sat hospitality breakfasts, Welcome Reception & Friday Night Social Event

Guest (Spouse/Family Member) \$200 **Name:** _____

D. ALL: SOCIAL PROGRAM

	<u>Scientific Attendee</u>	<u>Guest</u>	<u>Fee</u>
Thurs – Temple Tour, Genealogy Research & Lunch	N/A	<input type="checkbox"/> will attend	\$ 25
Thursday Evening – Welcome Reception	<input type="checkbox"/> will attend	<input type="checkbox"/> will attend	No Charge
Friday Evening Social Event at Grand America	<input type="checkbox"/> will attend	<input type="checkbox"/> will attend	No Charge
Please select <u>ONE</u> of the following:	<u>Scientific Attendee</u>	<u>Guest</u>	<u>No. Persons</u>
1. Friday – Ski Snowbird (<i>minimum attendance required</i>)	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	_____
Ski Snowbird Box Lunch	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	_____
2. Friday - Park City Tour (<i>minimum attendance required</i>)	<input type="checkbox"/> \$55	<input type="checkbox"/> \$55	_____
(11:00 am & 12:30 pm departures)	N/A am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
		Friday Sub-Total \$	_____

Please add \$100 for Onsite Registration(s)

Pre-Registration Deadline: 11/16/09 – Register On-Site after 11/16/09

(USD) \$ _____ **TOTAL**

Check (payable to CSRS) Please charge my credit card: _____ Visa _____ MasterCard (*sorry no AMEX*)

Please print name as it appears on card (*if different than yours*): _____

Card No. _____ Exp. Date _____

Signature _____

Register by Mail: CSRS, 6666 Eagle Way, Chicago, IL 60678-1066 (First Class Mail ONLY - no FedEx, UPS) **Register by Fax:** 847-823-0536

Cancellation Policy: If cancellation is made in writing before 11/16/09, a \$100 processing fee will be assessed. **NO REFUNDS** after 11/16/09.