

2019 BARIATRIC SUMMIT REGISTRATION – SEPTEMBER 21-22

To register, fax your completed registration form along with payment to (203) 263-4839 or go online at www.bariatricsummit.com and submit a completed registration form.

Please print your name as you would like it to appear on your name badge.

Name _____

Street Address _____

City _____

State / Zip _____

Phone _____

Email _____

Degree/Specialty _____

Hospital Affiliation _____

How did you hear about this activity?

ASMBBS Mailing SAGES Mailing Email Internet Other _____

REGISTRATION FEES *(circle option below)*

	Early Registration Until July 7, 2019	Registration July 8 to Aug 31, 2019	Late Registration September 1 to Onsite
Physician/Other	\$495	\$550	\$595
Nurse/Dietitian/Allied Health	\$295	\$350	\$395
Resident/Fellow	\$250	\$295	\$350

METHOD OF PAYMENT

Check *(made payable to Cine-Med)* Mastercard Visa American Express

Name on Credit Card _____

Credit Card Number _____

Exp. Date _____ CV2 Code _____

Signature _____

CANCELLATIONS

Cancellations must be received in writing at the Ciné-Med Inc. office before September 1, 2019. No refunds will be issued after this date.

Upon cancellation, a \$75 administration fee will be subtracted from the refunded registration fee.



127 Main Street North
Woodbury, CT 06798
Fax: (203) 263-4839