

NESPRS PHYSICIAN [MEMBER] / RESIDENT / GUEST

REGISTRATION FORM

64th ANNUAL MEETING

NEW ENGLAND SOCIETY of PLASTIC and RECONSTRUCTIVE SURGEONS

June 14 - 16, 2024 — Omni Mount Washington Hotel, Bretton Woods, NH

EARLY REGISTRATION DEADLINE ~ ~ MAY 14, 2024

THIS FORM MAY BE PHOTOCOPIED. PLEASE TYPE OR PRINT LEGIBLY.

General Information

Name

Email Address

Address

City

State

Phone Number

If paying by CHECK, please print out this form and mail it, along with your check payable to: NESPRS, Inc.

Charlotte Constantian

Admin. Director

PO Box 273

Nashua, NH 03061-0273

WHO WILL BE ATTENDING? (place "1" in box)

Active Member	<input type="checkbox"/>
Non-Member, Other	<input type="checkbox"/>
NESPRS Applicant	<input type="checkbox"/>
NESPRS Senior Member	<input type="checkbox"/>
Spouse / Guest	<input type="checkbox"/>
Non-Physician/Nurse/Staff	<input type="checkbox"/>
Resident	<input type="checkbox"/>
Resident's Guest	<input type="checkbox"/>

	Before 5/14	After 5/14	On Site
Member (Physician)	700.00	750.00	800.00
Non-Member Physicians	800.00	850.00	900.00
NESPRS Applicant	650.00	700.00	750.00
NESPRS Senior Member	275.00	325.00	375.00
Spouse/Guest	275.00	325.00	375.00
Non-Physician	250.00	300.00	350.00
Nurse / Staff			
Children Over 12	75.00	90.00	105.00
Having Adult Meals			
Children 3-12	40.00	55.00	70.00
Children 3 and Under	-	-	-
Resident / Med Student (1 Day / Mtg Only)	100.00	125.00	150.00
Resident / Med Student + Functions	250.00	275.00	300.00
Resident / Med Student Guest Fee	150.00	175.00	200.00

Friday - June 14, 2024

Welcome Reception - 6:00PM - 7:00PM

# Adults Attending:	<input type="text"/>
# Children Attending:	<input type="text"/>

Dinner Buffet - 7:00PM - 10:00PM

# Adults Attending:	<input type="text"/>
# Children Attending:	<input type="text"/>

Saturday - June 15, 2024

Business Meeting - Luncheon Included (Active Members Only)

Saturday - June 15, 2024

Residents Luncheon - All Residents Are Invited [Luncheon is FREE to All Residents]

Indicate If You Are Attending

Saturday - June 15, 2024

Black Tie - Requested Dinner - 7:00PM-10:00PM

Adults # Attending:	<input type="text"/>
Children Over 12 Adult Meals	<input type="text"/>
Children 3 - 12 # Attending	<input type="text"/>
Children 3 & Under # Attending	<input type="text"/>

There's No Charge for Children 0-3

TOTAL FEES

PHYSICIAN FEES	\$ <input type="text"/>
NON-MEMBER FEES	\$ <input type="text"/>
NESPRS APPLICANT FEES	<input type="text"/>
NESPRS SENIOR FEES	\$ <input type="text"/>
SPOUSE / GUEST FEES	<input type="text"/>
NON-PHYSICIAN / NURSE / STAFF	<input type="text"/>
CHILDREN OVER 12 FEES	\$ <input type="text"/>
CHILDREN 3 - 12 FEES	\$ <input type="text"/>
RESIDENT 1-DAY FEES	\$ <input type="text"/>
RESIDENT FEES	\$ <input type="text"/>
RESIDENT'S GUEST FEES	\$ <input type="text"/>
TOTAL FEES	\$ <input type="text"/>

**NESPRS PHYSICIAN [MEMBER] / RESIDENT / GUEST
REGISTRATION FORM - CREDIT CARD PAGE**

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If using a credit card, complete the information below -

Please charge the '**Total Fees**' [on the previous page] amount to my

MasterCard *VISA* *American Express*

Credit Card # _____ - _____ - _____

Exp. Date _____ / _____

3- or 4-Digit Auth. Number (On the Front or Back of Card) - _____

PRINT Name as it Appears on Card _____

Billing Address: _____

City: _____ State: _____ ZIP Code: _____

Cardholder acknowledges receipt of services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Signature _____

IF NEEDED - Use the space below to relay any messages ---