

# MEMBER (PHYSICIAN) REGISTRATION FORM

**60th ANNUAL MEETING - NEW ENGLAND SOCIETY of PLASTIC and RECONSTRUCTIVE SURGEONS**  
**May 31 - June 2, 2019 — Gurney's Newport & Marina, Goat Island, Newport, Rhode Island**

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

MEMBER CLASSIFICATION (place "1" in box)	
Active Member	
Senior Member	
NESPRS Applicant	
Resident	
Non-Member, Other	
Non-Physician/Nurse/Staff	
<b>Friday - May 31, 2019</b>	
Welcome Reception - 6:00PM - 7:00PM	
# Adults Attending:	
# Children Attending:	
Dinner Buffet - 7:00PM - 10:00PM	
# Adults Attending:	
# Children Attending:	
<b>Saturday - June 1, 2019</b>	
Business Meeting - Luncheon Included (Active Members Only)	
<b>Saturday - June 1, 2019</b>	
60th Anniversary Dinner - 7:00PM-10:00PM	
Adults - # Attending:	
Children Over 12 / Adult Meals	
Children 3-12 - # Attending:	
Children 3 & Under-# Attending:	

*There's No Charge for Children 0-3*

**DEADLINE FOR  
EARLY REGISTRATION -  
APRIL 29, 2019**

**MEDICAL STUDENTS - Use Resident Fees**

**Schooner Adirondack II Sail - SAT PM**  
**Boat Ride is from 4:00PM - 5:30PM**  
**TICKETS ARE \$50.00 EACH & ONLY**  
**50 tickets are available - RESERVE NOW!**

GENERAL INFORMATION	
Name	
Address	
City	
State	ZIP
Phone Number	
FAX Number	
Email Address	
Nickname for Badge	
Spouse/Guest	
Nickname for Badge	

PHYSICIAN FEES	Before 4/29	After 4/29	On-Site
NESPRS Member	\$ 625.00	\$ 675.00	\$ 725.00
Non-Member Physician	\$ 725.00	\$ 775.00	\$ 825.00
Senior Member	\$ 250.00	\$ 300.00	\$ 350.00
NESPRS Applicant	\$ 675.00	\$ 725.00	\$ 775.00
Physician's Spouse/Guest	\$ 275.00	\$ 325.00	\$ 375.00
Non-Physician/Nurse/Staff	\$ 250.00	\$ 300.00	\$ 350.00
Children Over 12 / Adult Meals	\$ 75.00	\$ 90.00	\$ 105.00
Children 3 - 12	\$ 40.00	\$ 55.00	\$ 70.00
Children 3 and Under	Free	Free	Free

RESIDENT FEES			
Resident Fee (1 Day Mtg Only)	\$ 95.00	\$ 120.00	\$ 145.00
Resident Fee (Fri Nite & Sat)	\$ 150.00	\$ 175.00	\$ 200.00
Resident Fee (Sat Nite + Sun)	\$ 175.00	\$ 200.00	\$ 225.00
Resident Fee (Fri + Sat + Sun)	\$ 250.00	\$ 275.00	\$ 300.00
Resident's Guest Fee (Fri Nite Only)	\$ 90.00	\$ 115.00	\$ 140.00
Resident's Guest Fee (Sat Nite Only)	\$ 110.00	\$ 135.00	\$ 160.00
Resident's Guest Fee (Fri + Sat Nites)	\$ 175.00	\$ 200.00	\$ 225.00

TOTAL PHYSICIAN FEES	\$
TOTAL NON-MEMBER FEES	\$
TOTAL SENIOR FEES	\$
<b>TOTAL RESIDENT FEES</b>	<b>\$</b>
TOTAL NON-PHYSICIAN/STAFF	\$
TOTAL SPOUSE/GUEST FEES	\$
TOTAL CHILDREN FEES	\$
TOTAL FOR BOAT RIDE # - _____	\$
<b>TOTAL FEES</b>	<b>\$</b>

**Make checks payable to, and Mail to:**  
**N.E.S.P.R.S.**  
**Charlotte A. Constantian, Admin. Dir.**  
**19 Tyler Street, Suite 302**  
**Nashua, NH 03060**

- HAVE YOU...**
- ① MADE YOUR GURNEY'S NEWPORT RESERVATIONS?**
  - ② COMPLETED THE BOAT RIDE INFORMATION (IF APPLICABLE)?**
  - ③ COMPLETED THIS ENTIRE FORM?**

If using a credit card, complete the information below and FAX this registration to **603-880-6660**.  
 Please charge the above 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 \_\_\_\_\_