

REGISTRATION SOUTHEASTERN FRACTURE SYMPOSIUM 2017

For Mail in Registration and payment by check:

Complete all blanks are to ensure CME awarded appropriately.

Registration confirmation will be sent to email provided below. Please type or print legibly.

First Name _____ Middle _____ Last Name _____

Degree _____ Institution Name _____

Street
Address _____ City _____ State _____

Home Phone _____ Office Phone _____ Mobile _____

Email address: _____

Circle category below and enclose appropriate payment

Before Dec. 31, 2016

After Dec. 31, 2016

Physicians-Non SEFC Member	\$800.00	\$900.00
Physicians- SEFC Members and Speakers at SEFS 2017	\$400.00	\$500.00
SEFC Officers and SEFS 2017 Planning Committee	No Fee	No Fee
Residents and Fellows only- (Institutional Members)	No Fee	No Fee
Residents, Fellows & Other Health Professionals	375.00	475.00

Mail to:

SEFC

PO Box 16967

Chapel Hill, NC 27516

Check # _____

Refund Policy: Cancellation notifications must be in writing (email bkulp@sefs.org) and received by the close of business on December 26, 2016. A cancellation fee of \$50 will be assessed. Cancellations after December 26, 2016 will not receive a refund. No-shows will not receive a refund.

SEFC reserves the right to cancel this program due to unforeseen circumstances, in which case a full refund of registration fees will be given to participants. SEFC will not be responsible for travel expenses incurred by the participant in the unlikely event that the program is cancelled.

Questions: Brenda H. Kulp, bkulp@sefs.org

Online registration- sefs.org annual conference page.