

SEFS 2018 REGISTRATION FORM

Online registration at <http://sefs.org/registration>

For Mail in: Complete Registration Form and pay by check:

Complete all blanks 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 or on January 5, 2018

After January 5, 2018

Physicians-Non SEFC Member	\$800.00	\$900.00
Physicians- SEFC Members or Speakers at SEFS 2018	\$400.00	\$500.00
SEFC Officers and SEFS 2018 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

SEFC membership fees are paid: Yes _____

Hawkins Cadaver Lab-Saturday, February 10, 2018:

I will not attend the lab _____

I will attend the lab _____

I need shuttle from the Westin to the lab on Saturday am _____

I need shuttle to the airport from the lab at end of lab _____

I need to leave the lab early and need shuttle to airport _____

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 January 8, 2018. A cancellation fee of \$50 will be assessed. Cancellations after January 8, 2018 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