



CENTRAL SURGICAL ASSOCIATION
MIDWEST SURGICAL ASSOCIATION

2021
ANNUAL
MEETING



July 25 – 27, 2021 IN Chicago, IL
Westin Chicago River North

REGISTRATION

DETAILS & FEES

COMPANY NAME *(Please list exactly as you would like it to appear on the recognition signage and name badges)*

CONTACT NAME

PHONE NUMBER

E-MAIL

Please designate amount of grant or marketing/exhibit support below:

Exhibit Fee — \$2,500 \$ _____

Gold Level Sponsorship — \$10,000 \$ _____

Silver Level Sponsorship — \$8,000 \$ _____

Bronze Level Sponsorship — \$5,000 \$ _____

Other Marketing Support \$ _____

Per ACCME regulations, please note that the exhibit fee of \$2,500 is separate from any meeting support or education grant.

TOTAL DUE \$ _____

PLEASE COMPLETE ALL SECTIONS AND RETURN VIA FAX, MAIL, OR EMAIL* TO:

Secure Fax: 978.524.0461

Mailing Address:

Central Surgical Association

Attn: Yvonne Grunebaum

500 Cummings Center, Suite 4400, Beverly, MA 01915

Email*: csamsa.info@gmail.com

**DO NOT email full credit card information. If full credit card info is included on this form, it must be faxed to our secure fax line (978.524.0461) or mailed. If you prefer to email, please leave off the credit card info and provide a phone number; we will call you for the complete card information.*

t: 978.927.8330

csamsa.info@gmail.com

CSA Tax ID # 38-6077274

www.centuralsurg.org

MSA Tax ID# 51-0197240

www.midwestsur.org

PAYMENT INFORMATION

To be included in the printed materials, payment must be received by July 9, 2021.

Check — Payable to '**Central Surgical Association**' and mail to:

Central Surgical Association

Attn: Yvonne Grunebaum

500 Cummings Center, Suite 4400

Beverly, MA 01915

Credit Card — AmEx MC VISA Discover

DO NOT email full credit card information. If full credit card info is included below, this form must be faxed to our secure fax line (978.524.0461) or mailed to the address above. If you prefer to email, please leave off the credit card info and provide a phone number; we will call you for the complete card information.

NAME AS IT APPEARS ON CARD

CARD NUMBER

EXPIRATION DATE

SIGNATURE

PAYMENT AND REFUNDS Payment in full is due at the time of application.

Applications received without such payment will not be processed nor will space assignments be made. All payments are non-refundable.

By submitting a completed application to CSA/MSA, you confirm to have read and agree to the Terms and Conditions on the following page.

FIRST & LAST NAME

EMAIL ADDRESS