

GENERAL THORACIC SURGICAL CLUB TWENTY-FIFTH ANNUAL MEETING
March 8 – 11, 2012
RANCHO BERNARDO INN
San Diego, California

REGISTRATION PAYMENT, ARRIVAL/DEPARTURE DATES, CREDIT CARD INFORMATION AND ANY DUES OWED MUST BE INCLUDED OR YOUR REGISTRATION WILL NOT BE ACCEPTED
(do not call the hotel to make your accommodations as they are instructed to direct you to call our office. All registrations and hotel accommodations are coordinated through the Club office)

MEETING REGISTRATION -- DEADLINE JANUARY 13, 2012

Name: _____

Institution/Company _____

Work Phone: (_____) _____ Home Phone: (_____) _____

E-mail address (**required**): _____

Accompanied by spouse/guest: Yes _____ No _____

Name(s) preferred on name badge(s): _____

Shirt Size (required): S M L XL

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Names and ages of children attending: _____

SPECIAL DIETARY REQUESTS _____

REGISTRATION FEE

Category	Registration Fee (per Person)	Number attending	Subtotal
GTSC Member/Candidate Member	\$350	x _____	= _____
Spouse/guest	\$350	x _____	= _____
Resident	\$350	x _____	= _____
Resident spouse/guest	\$350	x _____	= _____
Sponsor	\$350	x _____	= _____
Senior Member	\$650	x _____	= _____
Nonmember Physician	\$950	x _____	= _____
Child (18 and over)	\$350	x _____	= _____
[includes adult evening meals]			
Child (age 3-10)	\$150	x _____	= _____
[includes Friday and Saturday evening Children's program; not adult evening meals]			
Child (age 11-17)	\$175	x _____	= _____
[includes Friday and Saturday evening Children's program; not adult evening meals]			
TOTAL REGISTRATION FEE ENCLOSED			= \$ _____

Make checks payable to the General Thoracic Surgical Club. Checks must be written in U.S. Funds drawn on an U.S. bank. Checks not written on a U.S. bank will be returned. **MEETING CANCELLATION POLICY:** Cancellations received after January 6, 2012, will incur a \$100.00 cancellation fee. There will be no refunds for cancellations received after February 1, 2012.

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ROOM RESERVATION

ARRIVAL: _____ **DEPARTURE:** _____
(Indicate day of week and date) (Indicate day of week and date)

DEPOSIT: If paying the hotel deposit by check, please make your check in the amount below payable to: Rancho Bernardo Inn for the first night for the amount listed below. Rate is subject to all applicable city, county, state or federal taxes. One night's room and tax is non-refundable. Check must be written in U.S. Funds drawn on a U.S. Bank. (Checks not written on a U.S. bank will be returned).

Credit Card: (Circle One): Visa Master Card

Credit Card Number: _____ Expiration Date: _____

Please indicate room accommodations below: **DEADLINE FOR REGISTRATION: JANUARY 13, 2012**

_____ Single King	\$279.00
_____ Two Queen	\$279.00
_____ Single King/Two-Queen including a separate living area with pull-out sleeper sofa as well as private patio/balcony - limited availability	\$378.00
_____ Non-Smoking _____ Smoking	

Check in time is 4 p.m. Check out time is 12:00 p.m. This rate is based upon group room availability for reservation requests extending three days prior and three days after the dates of the meeting. Rooms are limited so please register early for a stay outside of the meeting dates.

YES, I will be participating in the golf tournament _____ **tennis tournament** _____

AFTERNOON ACTIVITIES – SEE SEPARATE TOUR INFORMATION

	Fee (per person)	Number attending	Subtotal
USS Midway tour	\$55/adult	x _____	= _____
Friday, March 9 (please include ages of children) 12:15 p.m. (return to resort by 5 p.m.) (price includes box lunch)	\$45/age 17 and under	x _____	= _____
Orfila and Bernardo Winery	\$65/person	x _____	= _____
Saturday, March 10 1:30 p.m. (return to resort by 4:30 p.m.)			

RETURN COMPLETED FORM WITH REQUIRED PAYMENT (PAYABLE TO GENERAL THORACIC SURGICAL CLUB) AND HOTEL DEPOSIT (CREDIT CARD OR CHECK PAYABLE TO RANCHO BERNARDO INN) TO:

JoAnn Galbreath
JAG & Associates Meetings & Events
2738 McFarland Circle
Mobile, AL 36695
Telephone: 251-375-0484

QUESTIONS OR CHANGES SHOULD BE COMMUNICATED TO JOANN GALBREATH AT THE ADDRESS ABOVE OR VIA E-MAIL AT jgalbreath@jagassoc.us