

**GENERAL THORACIC SURGICAL CLUB TWENTY-THIRD ANNUAL MEETING**

**March 11 -14, 2010**

**LA COSTA RESORT & SPA**

**2100 Costa Del Mar Road**

**Carlsbad, CA 92009**

**(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 DECEMBER 23, 2009**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Accompanied by spouse/guest: Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s) preferred on name badge(s): \_\_\_\_\_

\_\_\_\_\_ Shirt Size (required): S M L XL

\_\_\_\_\_ Shirt Size (required): S M L XL

Names and ages of children attending: \_\_\_\_\_

YES, I will be participating in the golf tournament \_\_\_\_\_ (please see separate golf notice)

**REGISTRATION FEE**

**CREDIT CARDS CANNOT BE ACCEPTED FOR REGISTRATION FEES**

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 _____	= _____
Senior Member	\$650	x _____	= _____
Nonmember Physician	\$950	x _____	= _____
Child (18 and over) [includes adult evening meals]	\$350	x _____	= _____
Child (age 3-10) [includes Friday and Saturday evening Children's program; not adult evening meals]	\$150	x _____	= _____
Child (age 11-17) [includes Friday and Saturday evening Children's program; not adult evening meals]	\$175	x _____	= _____

**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 4, 2010, will incur a \$100.00 cancellation fee. There will be no refunds for cancellations received after February 1, 2010.**

**PLEASE COMPLETE OTHER SIDE**

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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: La Costa Resort & Spa 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 Diner's Club Master Card American Express Other: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please indicate room accommodations below: **DEADLINE FOR REGISTRATION: DECEMBER 23, 2009**

- \_\_\_\_\_ Run of House (king, double/double; queen, twin) \$270.00
- \_\_\_\_\_ Spa Room (limited availability; king, double/double, queen, twin) \$310.00
- \_\_\_\_\_ La Costa Suite (limited availability; king, double/double, queen, twin) \$340.00
- \_\_\_\_\_ One Bedroom Villa (limited availability; king, double/double, queen, twin) \$850.00

**(THIS IS NOT A GUARANTEE. THE RESORT WILL FILL YOUR REQUEST TO THE BEST OF THEIR ABILITY)**

\_\_\_\_\_ 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.

**AFTERNOON ACTIVITIES**

	Fee (per person)	Number attending	Subtotal
The Flower Fields of Carlsbad Friday, March 12 1 p.m. to 5 p.m.	\$40	_____	_____
Birch Aquarium Saturday, March 13 1 p.m. to 5 p.m. (make activity check payable to the General Thoracic Surgical Club)	\$40	_____	_____

**RETURN COMPLETED FORM WITH REGISTRATION AND ACTIVITY CHECKS (PAYABLE TO GENERAL THORACIC SURGICAL CLUB) AND HOTEL DEPOSIT (CREDIT CARD OR CHECK PAYABLE TO LA COSTA RESORT & SPA) TO:**

**Mark S. Allen, M.D.  
 General Thoracic Surgical Club  
 Mayo 1241W  
 200 First Street, SW,  
 Rochester, MN 55905**

QUESTIONS OR CHANGES SHOULD BE COMMUNICATED TO BONNIE LEMMERMAN OR CARLA MACLEAN IN THE GENERAL THORACIC SURGICAL CLUB OFFICES AT (507) 538-4969 OR VIA E-MAIL AT [BLEMMERMAN@MAYO.EDU](mailto:BLEMMERMAN@MAYO.EDU) OR [CMACLEAN@MAYO.EDU](mailto:CMACLEAN@MAYO.EDU)