



2010 EVENT REGISTRATION

Hilton New Orleans Riverside

(Please Print or Type)

Name _____ Title _____
(MD, DO, PhD, RN, JD . . .)

Home **Office** Mailing Address _____

City _____ State _____ Zip _____

Email _____ Specialty _____

Phone _____ Fax _____

JRGOS Annual Activities	BEFORE Feb. 25, 2010	AT THE DOOR
Luncheon Thursday, March 11 th – 12:00 to 2:00 PM Hilton Riverside – Versailles Room	<input type="checkbox"/> \$ 60	<input type="checkbox"/> \$ 75
Resident/Fellow/Student Fee* <small>*Verification of status required</small>	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 35
<u>STUDENT/RESIDENT ACTIVITIES</u>		
Student/Resident Mentoring Workshop Thursday, March 11 th – 2:30 to 5:30 PM Hilton Riverside – Belle Chasse Room	<input type="checkbox"/> WILL ATTEND	<input type="checkbox"/> WILL <u>NOT</u> ATTEND
Student/Resident Reception Thursday, March 11 th – 6:00 to 7:30 PM Hilton Riverside – Newberry Room	<input type="checkbox"/> WILL ATTEND	<input type="checkbox"/> WILL <u>NOT</u> ATTEND
Trilogy Breakfast Friday, March 12 th – 9:15 to 10:45 AM Hilton Riverside – Magnolia Room	<input type="checkbox"/> WILL ATTEND	<input type="checkbox"/> WILL <u>NOT</u> ATTEND

Total Fees Paid \$ _____ USD

Check in US Funds made payable to JRGOS
Mail form & check payment to: JRGOS, 6300 N. River Road, Suite 727, Rosemont, IL 60018

Please charge my credit card: _____ Visa _____ MasterCard *(Sorry! No American Express)*

Please print name as it appears on card: _____

Card No. _____ Exp. Date _____

Signature _____

*Register by fax: Fax form to 847-823-4921. All fax registrations must be charged to Visa or MasterCard
 Cancellations: Cancellations must be made in writing. **SORRY! NO REFUND is available***