2019 NCSG Annual Conference *Fellows* Registration Form

Please note: Fellows pay *no* registration fee

NCSG will pay for Friday and Saturday night stay for you and guest

NCSG will make your reservations at the hotel.

If your plans change and you will not make it to hotel, we request you contact us ASAP (ideally with minimum 48 hour notice) to avoid non-refundable charges to the Society

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First Name **MI** **Last** **Degree(s) (e.g. MD, PharmD, MS, BS)**

Fellowship program **PG year**

Home Address **City** **State** **Zip**

Home County **Home or Mobile Phone**

Work Address

City **State** **Zip** **Work Phone** **Work Fax**

Preferred Contact Email

By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated regarding this conference.

I will be staying ☐ **Friday night** ☐ **Saturday night**

I will have a guest staying with me by the name of _____

I/We will be attending the Saturday night Fellows reception and dinner ☐ **Yes** ☐ **No**

Fax registration to secure fax at 704-376-3173

or mail to: NCSG, 1112 Harding Place, Suite 200, Charlotte, NC 28204

If you have any questions, please contact: ssmith@meckmed.org or call 704-376-3688

Registration must be in by January 18th, 2019