2020 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.

_____

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 100, Charlotte, NC 28204

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

Registration must be in by Friday, January 17, 2020