

2023 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 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 _____

Scan and email to me or go to the website and complete the Fellows' Registration Form

You can also mail it 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.