

# REGISTRATION FORM

## FGS Annual Meeting

September 24-26, 2010

Buena Vista Palace Hotel & Spa, Lake Buena Vista, Florida

Please print for correct name badges

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Spouse/Guest Name only if accompanying \_\_\_\_\_

Private Practice     Academic     Fellow     Other \_\_\_\_\_

## REGISTRATION FEES

### Annual Meeting, September 24-26, 2010

\_\_\_\_\_ no charge — FGS Members

\_\_\_\_\_ \$250 — Non-members

\_\_\_\_\_ \$50 — Optional Endoscopy Laboratories

\_\_\_\_\_ **Total Enclosed**

### Optional Practice Management Seminar

Yes, I will attend the optional Practice Management Seminar (at no charge) on Friday, September 24, from 3:00 - 6:00 pm, held in conjunction with the FGS Annual Meeting.

\_\_\_\_\_ Office Manager  
\_\_\_\_\_ Physician (private practice)  
\_\_\_\_\_ Physician (academic)  
\_\_\_\_\_ Fellow  
\_\_\_\_\_ Other \_\_\_\_\_

**Please make check payable to:** Florida Gastroenterologic Society

Enclose payment with your registration form, and mail to:

FGS, PO Box 540363, Opa-Locka, FL 33054

**Questions?** Contact FGS at (305) 687-1367