

Workshop Registration Form:

Name (please type or print) _____

Institution _____

Department _____

Curricular Role _____

Address _____

City _____

State _____

Zip Code _____

E-mail address _____

Phone # _____

Fax # _____

Special needs (including dietary) _____

Registration must include payment:

VISA ____ MasterCard ____ Discover ____ Check ____

Card # _____

Expiration Date _____ Total _____

Signature _____

Please send completed registration form and payment to:

Susan Helm
SIU School of Medicine
Department of Surgery
P.O. Box 19653
Springfield, Illinois 62794-9653
Phone: 217-545-7012
Fax: 217-545-2588
E-Mail: shelm@siumed.edu
FEIN: 37-6005961

Cancellation/Refund Policy

If you cancel before April 28th, you will receive a full refund. Any cancellations received after that date will be refunded less \$200 per person.

No refund after May 5, 2010.

Hotel Accommodations

Crowne Plaza Springfield
3000 South Dirksen Parkway
Springfield, IL 62703
Phone: 217-529-7777
www.cpspringfield.crowneplaza.com

SIU has reserved a block of rooms at the Crowne Plaza Springfield for \$119 per night + tax for single or double occupancy. You can make your hotel reservation by calling the number listed above. Be sure and call to get the SIU Surgical Skills Lab Workshop discounted rate. Transportation will be provided to and from the workshop site.