



REGISTRATION FORM

Missouri Chapter of the American College of Surgeons 40th Annual Professional Meeting

June 15-17, 2007 • Lodge of the Four Seasons in Lake Ozark, Missouri

Please Print

NAME _____ NAME FOR BADGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

Symposium Registration		Subtotal
◇ Dues (free for members who have paid 2007 dues)	\$100.00	\$ _____
◇ Horseback Riding	\$ 5.00/person	\$ _____
◇ Pool Party	\$ FREE	
◇ Evening Cruise on the Lake (June 16 th 5:00-7:00pm, complimentary bar)	\$ 5.00/person	\$ _____
	Payment	\$ _____

◇ Check payable to MO-ACS

Please send check to:

MO-ACS

John G. Adams, Jr, MD

1605 E Broadway, Suite 110

Columbia, MO 65201

HOTEL RESERVATIONS:

Lodge of the Four Seasons

Lake Ozark, MO

800-711-8983

573-365-8555 FAX

Please mention MO-ACS Meeting Rate of 157.00/night for traditional room rate