

*The Illinois Surgical Society
Fall Meeting
Registration Form
September 16-17, 2011*



	<u>Total</u>
Member(s) - \$200 x _____ (CME included)	\$ _____
Guest(s) - \$150 x _____	\$ _____
Total	\$ _____

Winery, Bald Knob, Orchard Tour Yes # attending _____
Friday afternoon, September 16th
 No

Golf @ Stone Creek Yes # attending _____
Saturday afternoon, September 17th
 No

NOTE: There is opportunity for hiking, canoeing and horseback riding for those who do not wish to golf.

Spouse/Guest Visit and Tour Yes— My spouse/guest is interested in attending, please
SIU Main Campus in Carbondale send me more details
Either Friday or Saturday No

Please return this registration form and check made payable to Illinois Surgical Society by September 9, 2011 to:

Illinois Surgical Society
c/o Constantine Godellas, M.D.
Loyola University Medical Center
2160 S. First Avenue
Maywood, IL 60153

Print Member Name: _____ Guest(s) Names: _____

City: _____

Please make your hotel accommodations before August 15, 2011 to receive the group rate:

The Giant City Lodge
460 Giant City Lodge Road
Makanda, IL 62958-3218
Phone (618) 457-4921