### 1. Attendee Information

<table>
<thead>
<tr>
<th>Name</th>
<th>FIRST</th>
<th>M.I.</th>
<th>LAST</th>
<th>DEGREE(S)</th>
</tr>
</thead>
</table>

Please list your FIRST NAME ONLY as you would like it to appear on your name badge:

**Mailing Address**

**City/State/ZIP Code**

**Daytime Phone**

**Cell Phone**

**Emergency Contact**

**Twitter Handle**

I grant permission for my handle to be:

- [ ] printed on my badge
- [ ] posted online

**Special Needs Notification**

**Special Assistance:** If you are in need of special assistance, please contact the Society's office at
meetingregistration@breastsurgeons.org.

**Dietary Requests:** Please be aware that a vegetarian and gluten-free option will be available on the menu at all meals. However, attendees are responsible for ensuring that food and beverage providers are aware of any specific dietary needs.

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**Please check the appropriate box for any Pre-Meeting courses you want to attend.**

Early registration is highly recommended. Courses fill prior to the deadlines. Registration fees include tuition, an electronic course syllabus and handouts. Full-day courses include continental breakfast, lunch and morning/afternoon refreshment breaks. Half-day morning courses include continental breakfast and a morning refreshment break. Half-day afternoon courses include an afternoon refreshment break. If you register for a half-day course on Wednesday, April 29, that does not include lunch, you have the option of purchasing a non-refundable lunch ticket for an additional fee of $50 (per attendee). Lunch tickets will not be available onsite.

### 2. Pre-Meeting Course Registration April 29-30, 2020

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Member</th>
<th>Non-Member</th>
<th>Member</th>
<th>Non-Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Valuing Technology and Its Application in the De-Escalation of Care*</td>
<td>$325</td>
<td>$475</td>
<td>$425</td>
<td>$575</td>
</tr>
<tr>
<td>Practice Primer for New Breast Surgeons*</td>
<td>$300</td>
<td>$450</td>
<td>$400</td>
<td>$550</td>
</tr>
<tr>
<td>Optional $50 lunch ticket</td>
<td>$875</td>
<td>$1,175</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Wednesday Pre-Meeting Course Registration SUBTOTAL**

**Thursday Pre-Meeting Course Registration SUBTOTAL**

Please complete all 3 pages of this form.
GENERAL SESSION REGISTRATION  APRIL 30–MAY 3, 2020

Earn AMA PRA Category 1 Credits™. Registration fee includes tuition for the general session, electronic handouts and presentations, access to videos of the general session presentations, general session breakfasts, lunches, refreshment breaks, and admission to the opening reception, exhibit hall, poster session and reception, as well as the president’s reception.

GENERAL SESSION REGISTRATION FEES

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Early Deadline Postmarked on or before March 9, 2020</th>
<th>Regular Deadline Postmarked by April 16, 2020</th>
<th>Onsite Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>$695</td>
<td>$795</td>
<td>$895</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$1,025</td>
<td>$1,150</td>
<td>$1,250</td>
</tr>
<tr>
<td>Candidate Member</td>
<td>$360</td>
<td>$400</td>
<td>$460</td>
</tr>
<tr>
<td>Student/Resident/Fellow Non-Member*</td>
<td>$460</td>
<td>$500</td>
<td>$560</td>
</tr>
</tbody>
</table>

Guest Registration SUBTOTAL ........................................................................ $

GUEST REGISTRATION  Fee: $175

Only general session registrants may register a guest. Fee includes admission to Thursday Opening Reception, Friday Poster Session and Reception and Saturday President’s Reception only. Guests registrations are non-refundable. Guest registration is not available for industry technical/scientific staff and representatives. If you would like to register more than one guest, please contact the Society’s office at meetingregistration@breastsurgeons.org.

Guest Name: _________________________________________________________________________

Guest E-mail: _________________________________________________________________________________

Guest Registration SUBTOTAL ........................................................................ $

ADDITIONAL EVENT REGISTRATION

The following events are complimentary with General Session registration and are open only to registered meeting attendees; however you should pre-register for each event that you plan to attend.

☐ Poster Session & Reception, 6:00 pm–7:30 pm, Friday, May 1
☐ President’s Reception, 5:45 pm–7:00 pm, Saturday, May 2

Special online registration for Thursday Evening Industry Supported Satellite Symposium. 5:30 pm -7:30 pm, Thursday, April 30: Registration Information Coming Soon

This satellite symposium is supported by Exact Science, Inc., through a marketing grant. It is not part of the official program of the ASBrS. This activity is free to all registered attendees.

Additional Event Registration SUBTOTAL ........................................................................ $ NC

CERTIFICATION EXAMINATION REGISTRATION —CERTIFICATION APPLICANTS ONLY—

Registration for the certification written exams is intended ONLY for those in the process of applying for certification in either breast ultrasound or stereotactic procedures. Both exams may be taken on the same day. Certification criteria and clinical case application requirements can be found on the Society website or by contacting the Society office at 410-381-9500 or certification@breastsurgeons.org.

Check exam and date:  

<table>
<thead>
<tr>
<th>Breast Ultrasound Certification Written Exam</th>
<th>Stereoctactic Procedures Certification Written Exam</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, April 30, 5:30 pm</td>
<td>Saturday, May 2, 6:30 am</td>
<td>$200 $100</td>
</tr>
</tbody>
</table>

Certification Examination SUBTOTAL ........................................................................ $
7 FOUNDATION DONATION

OUR GOAL (with your help): To raise $20,000 for the American Society of Breast Surgeons Foundation with the help of your $30 contribution.

The total amount due on this registration form will reflect a $30 tax-deductible* contribution that has been added to your registration fee, unless you indicate otherwise below:

Foundation Donation SUBTOTAL ................................................................. $ 30.00

Cross out the $30 amount above if selecting one of these options:

_____ Instead of the standard $30 donation, please accept my contribution of ............................................$________________

_____ Sorry, I can’t contribute at this time. I would like to opt out.

*All contributions are voluntary and support improving the standard of care for breast disease patients by providing patient education and offering programs and services to health care providers and their patients. All contributions are tax exempt under the guidelines of the 501(c)(3) IRS tax status.

Foundation Federal Tax ID# 20-2286355

8 MEETING SURVEY

Have you attended the annual meeting before? _____ yes _____ no

If “no,” how did you learn about the 21st Annual Meeting? (Check all that apply.)

☐ Colleague

☐ Email

☐ Web Search

☐ Other: ________________________________

☐ Other: ________________________________

☐ Other: ________________________________


Registration deadline is April 16, 2020.

A link to make hotel reservations will be provided to attendees upon completion of registration.

For more information, visit www.breastsurgeons.org.

Pre-meeting courses may fill before the deadline.

Onsite registration is subject to availability.

9 TOTAL REGISTRATION FEE ENCLOSED (add totals from 2–8):

TOTAL REGISTRATION FEE ENCLOSED (add totals from 2–8): .............................................. $

PAYMENT INFORMATION (Pre-payment required — select type of payment below)

_____ Check payable to The American Society of Breast Surgeons in US dollars.

_____ Credit Card: ☐ American Express ☐ MasterCard ☐ VISA

Cardholder’s Name: ________________________________

Billing Address: ______________________________________

__________________________________________________

Credit Card #: ________________________________ Exp. Date: ________________

Signature: ________________________________

TOTAL REGISTRATION FEE ENCLOSED (add totals from 2–8): .............................................. $