

# SGO 2012 Winter Meeting Registration Form

Resort at Squaw Creek ♦ Olympic Valley, California ♦ February 9-11, 2012



Please enter your information on the given lines and fax this completed form to 312/235-4059 or e-mail to [Kelly.snyder@sgo.org](mailto:Kelly.snyder@sgo.org).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Badge Name: \_\_\_\_\_ Title: \_\_\_\_\_  MD  PhD  Other: \_\_\_\_\_

Affiliation/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address\*: \_\_\_\_\_

**\*NOTE: Program updates will be sent via e-mail.**

To become a member and save on registration fees, contact [membership@sgo.org](mailto:membership@sgo.org).

Please check the appropriate category:

## Member Registration Fee

- Member\* \$500 USD
- Resident Member \$175 USD
- SGO Fellow-in-Training Member \$350 USD
- SGO Allied Member\*\*\* \$300 USD
- Guest Registration\*\*\*\* \$100 USD

## Non-Member Registration Fee

- Non-Member\*\* \$650 USD
- Resident Non-Member \$325 USD
- Fellow-in-Training Non-Member \$500 USD
- Allied Non-Member\*\*\* \$400 USD

Guest Name: \_\_\_\_\_

\*SGO Member to include Associate, Candidate, Full and International Members.

\*\*Non-Member to include physicians that are not SGO Members.

\*\*\*SGO Allied Member to include Nurse and Health Care Professional/Advocate that are SGO Members.

\*\*\*\*The Guest registration category is intended for spouses and companions of meeting attendees. This registration category allows the Guest to partake in all Winter Meeting meal functions and social gatherings. Guests wishing to attend the educational portion of the meeting are asked to register under the Non-Member category. Please contact SGO Headquarters at 312/235-4060 with any questions.

Total Registration \$ \_\_\_\_\_

Please indicate form of payment for registration:

- VISA
- MasterCard
- American Express
- Check\*

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Make checks payable to the Society of Gynecologic Oncology and send with a copy of this registration form to:

**LaSalle Bank: SGO Winter Meeting, 2055 Paysphere Circle, Chicago, IL 60674.**

**HOTEL INFORMATION:** SGO has reserved a block of rooms at **Resort at Squaw Creek** (400 Squaw Creek Rd., Olympic Valley, CA). Rooms are available on a first-come, first-served basis at a discounted rate of \$239/night (Single/Double Guestroom) or \$289/night (Fireplace Suite) + \$10 resort fee, plus additional state and local taxes. Housing reservations can be made by calling Squaw Creek directly at **800/327-3353**. Please mention the "SGO Winter Meeting" when booking your room to receive the special rate. **These room rates are guaranteed through Tuesday, January 11, 2012.**

**HOUSING CANCELLATION POLICY:** If you cancel between time of booking and 14 days prior to arrival, there will be no forfeiture amount. If you cancel after 14 days prior to arrival, the forfeiture amount will be the deposit of one night stay.

**REGISTRATION CANCELLATION POLICY:** For any registration cancellations received by **January 11, 2012** you will receive a full refund less a \$100 USD administration fee. No refunds will be given after **January 11, 2012**. All requests for refunds must be received in writing.



It is important to us that you enjoy SGO's 2012 Winter Meeting. If due to a physical challenge you have any special needs, accommodations or requirements, please let us know in the space provided below and we will do our best to accommodate you.