

**Pan-Pacific Surgical Association
Membership and Congress Registration Form**

Please print this form, complete and send it with your fees to: Pan-Pacific Surgical Association, 1212 Punahou St. #3506, Honolulu, Hawaii 96826, fax to (808) 951-7004, or email to ppsai.info@panpacificsurgical.org.

Name _____

Affiliation _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (include area code) _____ Fax _____

Email address _____

Specialty:

- | | |
|--|--|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Thoracic/Cardiovascular |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Other _____ | |

Fees:

Annual dues (2005 only)US\$125.00

Annual dues (2005/2006).....US\$200.00

Registration 27th Congress (*includes dues*): Prior to 1 July 2005.....US\$400.00

Prior to 1 October 2005...US\$550.00

Beyond 1 October 2005...US\$695.00

Contribution to PPSA (tax deductible).....US\$_____

Total amount enclosed.....US\$_____

Please enclose a check or money order payable to **Pan-Pacific Surgical Association** in U.S. funds drawn from a U.S. bank, a money order in U.S. funds, or charge your dues on your VISA or MasterCard credit card.

Amount charged: _____

Check one: ☐ VISA ☐ MasterCard Expiration date (month/year): _____

Account number: _____

Signature: _____