MEETING REGISTRATION FORM
APDS Annual Meeting, April 26-29, 2021
Westin Copley Place Boston, Massachusetts
Association of Program Directors in Surgery and Association of Residency Administrators in Surgery

Checks and Registration Form can be mailed to:
APDS
6400 Goldsboro Road, Suite 200
Bethesda, MD 20817

Name (Please Print) Degree Email Address (Please Print-Confirmations are emailed)

Institution

Mailing Address

City State Zip/Country

Phone Spouse/Guest Name (if attending meeting-see pricing below)

Please select the pronouns you would like printed on your registration badge or if you prefer to not list pronouns.

□ he, him, his □ she, her, hers □ they, them, theirs □ No pronouns please

Check all that apply: □ APDS Member □ New PD □ ARAS Member □ Resident □ Medical Student □ APDS/ARAS Membership Application Pending

□ Non Member (application must be submitted PRIOR to registering)

REGISTRATION FEE AFTER APRIL 17, 2021: There will be a $50.00 increase in the registration fee for APDS registrations processed after April 17, 2021

APDS New Program Directors Workshop – *Monday (7:00am) – Tuesday (12:00 pm)*

What is your current position? (Please check all that apply) □ PD □ APD □ Fellowship Dir □ Dept Chair □ Prog Faculty Member □ Other (Please Specify)

The APDS has a Mentorship Program for any new surgery residency program directors within their first 2 years of service. The program is available for Associate Program Directors only if she/he will become a Program Director by September 2021. Are you interested in participating in the Mentorship Program? □ Yes, I'm interested □ No, I'm not interested

	Member	Non-Member
After 4/17/2021	$500	$500

APDS Meeting – *Tuesday – Thursday (concludes at 12:00pm)*

	APDS Member	Non-Member	APDS Resident Member/ Medical Student	Spouse/Accompanying Guest
After 4/17/2021	*$650*	*$900*	$225	$225

ARAS New Administrators Workshop – *Monday (concludes at 4:30pm)* - The Workshop is only for administrators that have been in a surgery residency less than 3 years $100

ARAS Meeting – *Tuesday – Thursday (concludes at 12:00pm)*

	ARAS Member	Non-Member	Resident/ Medical Student	Spouse/Accompanying Guest
After 4/17/2021	*$650*	*$900*	N/A	N/A

REGISTRATION FEE TOTAL FROM ABOVE $ _____
JOINT RECEPTION Wednesday, April 28 (included in ARAS and APDS registration) – PLEASE CHECK: YES _____ NO _____
***Registration form MUST be included with check* / Credit Card Payments can be faxed to APDS (301)263-9025** **TOTAL ENCLOSED** $ _____

Payment Method
□ American Express
□ MasterCard/Visa
□ Check made payable to: **APDS**

Credit Card # Exp. Date

Signature Name on Card (please print)

CANCELLATION POLICY: Notice of cancellation and requests for refunds must be received in writing and can be faxed into the APDS office at 301-263-9025 or email apds@mindspring.com . Cancellations will not be accepted by telephone. If notice of cancellation is received by *MARCH 23, 2021*, a full refund will be given. A 50% refund will be given if written notice is received by *MARCH 27, 2021*. No refunds will be issued if written notice is received after *MARCH 27, 2021*.