

REGISTRATION FORM
SYRIAN AMERICAN MEDICAL SOCIETY
Lattakia July 6th - 9th, 2009

Last Name _____ Middle IN _____ First Name _____
Mailing Address _____
City _____ State _____ Zip Code _____ Country _____
Home Phone () _____ Work Phone () _____
Fax () _____ Email Address _____
Specialty _____ Academic Title (if any) _____
Medical School _____ Year of Graduation _____
Present Work Private Practice Academic Resident Student
Please check one SAMS Member Non Member

Registration Fee: (check all that apply) - Deadline for registration June 10th, 2008

Membership Dues	Before June 10 \$150	On Site Registration \$150	\$ _____
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Includes \$50 local chapter membership fee. If you are a SAMS local Chapter member

Please specify local chapter name _____

Members:	\$375	\$425	\$ _____
Non Members:	\$575	\$625	\$ _____
US Medical Residents	\$75	\$75	\$ _____
Syrian Medical Students /Residents		Free	_____
Syrian Physicians		5000 SP	\$ _____
Additional Gala Dinner (2 gala tickets are included)	\$50	\$50	\$ _____
Donation to SAMS Foundation (Proceedings will go to local Syrian Charities and Non- Governmental Organizations)			\$ _____
Grand Total			\$ _____

PAYMENT METHOD

_____ Check (Check No.) _____ *(Make Check or money order payable to Syrian American Medical Society)*

_____ Credit Card (please check one) Visa Master Card American Express

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

To register by mail send the application to:
Syrian American Medical Society
PO Box 1015 Canfield, OH 44406

To register by fax, please fax the application to:
Fax: (330) 286-0325
Email: samsconference@gmail.com