



Annual Meeting
October 22-23, 2017
 Loews O'Hare | Chicago, Illinois

chss.org



MAILING LIST ORDER FORM

The final pre-registration list is available in Excel format via email on a one time, one use basis after **October 2, 2017**. The fee is \$100.00. You may also order the Final Registration list which will be sent out approximately 1 week after the end of the meeting. Payment and a copy of your mail piece must be included with order form and sent to:

Congenital Heart Surgeons Society

500 Cummings Center, Suite 4400, Beverly, MA 01915

Telephone: 978-927-8330, Fax: 978-524-0461

industry@chss.org

- Pre registration list \$100.00
- Final registration list \$100.00

TOTAL CHARGE: _____

Please charge my



Card # _____ Sec. Code _____ Exp _____

Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.

Name on Card: _____ Signature: _____ Date: _____

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I understand by ordering the list(s), I will use them once and will not reproduce them. Please note that this list is seeded to detect unauthorized use and may be used for this mailing only. If unauthorized use is found, a \$1,000 fee will be imposed.

Contact Name: _____

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I understand that this list is not to be shared with my client and is the property of the CHSS. Once the mailing is complete, the list will be discarded. I understand that if my company violates these terms, my client will be penalized by CHSS.