

# REGISTRATION FORM



## American Society of Breast Disease 36th Annual Symposium

April 12–14, 2012 | Four Seasons Resort | Dallas, Texas

### 3 Ways to Register:

**ONLINE**  
www.asbd.org

**FAX**  
214. 368. 5719

**MAIL**  
Symposium  
PO Box 140186  
Dallas, TX 75214

**NOTE:** Payment  
in FULL is due  
with registration

Not a Member of ASBD?  
Join Today and Save! Go to:

 [www.asbd.org/join](http://www.asbd.org/join)

### Membership Fees

Please visit: [www.asbd.org](http://www.asbd.org) for application form

Member Type	Dues*
Professional MD / PhD	\$ 375
Allied Professional	\$ 175
Nurse	\$ 150
MD/PhD Senior Status	\$ 100
Retired	\$ 100
International (Level 1)	\$ 50
International (Level 2)	\$ 65
International (Level 3)	\$ 95
International (Level 4)	\$ 155
Fellows / Residents	\$ 0
Honorary Life	\$ 0
Complimentary	\$ 0
Breast Center Accredited	\$ 895
Breast Center Non-Accredited	\$ 995
Corporate	\$ 10,000
<b>SUB-TOTAL</b>	<b>\$</b>

Note: The reduced dues levels for Int'l Members are based on the World Health Classification of Economies – Low, Middle Lower, Middle Upper and High Incomes.

**Cancellation Policy:** Registration fees less a \$95.00 administrative handling fee are refundable if a written request is received on or **before April 1, 2012**. There is a \$125.00 administrative charge for cancellations received **after April 1, 2012**. Please include your tax ID or social security number if requesting a refund. No refunds will be granted after this date. However, you may transfer your registration to a colleague.

LAST NAME (Please Print Clearly) \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DEGREE \_\_\_\_\_ SPECIALITY \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL (required as confirmation receipt will be sent electronically) \_\_\_\_\_

Symposium Fees	Member	Non-Member	AMOUNT
<b>Early</b> (up to 2/15/12)	\$ 375	\$ 450	\$
<b>Regular</b> (after 2/15/12)	\$ 425	\$ 500	\$
<b>Fellow Resident/Student</b>	\$ 175	\$ 250	\$
<b>On Site</b>	\$ 525	\$ 600	\$
<b>SATURDAY WORKSHOPS</b> (No Fee if Registered for Symposium)			
<b>ASBD/CAP Pathology ONLY</b>	\$ 175	\$ 200	
<b>ASBD High Risk ONLY</b>	\$ 175	\$ 200	
<b>SUB-TOTAL</b>			\$
<b>TOTAL AMOUNT DUE</b>			\$
<i>Includes Membership Dues (if applicable) and Symposium Fees</i>			

I am registering as a member and including my membership application and 2012 dues payment

### Payment Method

Register Online at [www.asbd.org/join](http://www.asbd.org/join)

Enclosed is my check (Remittance accepted only in US currency)  
payable to **American Society of Breast Disease**

Amount Enclosed: \_\_\_\_\_ Check #: \_\_\_\_\_

Please charge payment to:

VISA       MasterCard       American Express

Amount of charge: \_\_\_\_\_

CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

For more information about ASBD, please:  
**call:** 214. 368. 6836 | **e-mail:** [info@asbd.org](mailto:info@asbd.org) | **visit:** [www.asbd.org](http://www.asbd.org)