

Florida Neurosurgical Society 2010 ANNUAL MEETING

June 4-6, 2010
The Ritz-Carlton, Key Biscayne



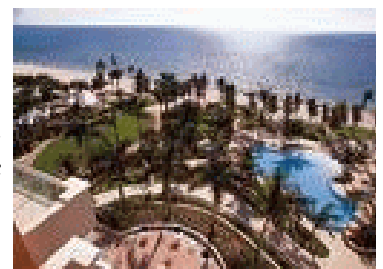
Mark Your Calendar NOW and Plan to Attend!

Our program includes plenty of free time, allowing you the opportunity to enjoy this beautiful Resort and all that the Miami/Key Biscayne area can offer.

- TENTATIVE SCHEDULE -

Friday, June 4	6:00pm	Exhibits Open Meet & Greet in the Exhibit Hall <i>Cocktails & light hors d'oeuvres</i>
	Saturday, June 5	8:00am Breakfast in the Exhibit Hall 9:00am Educational Program 12noon Lunch with the Exhibitors ~ <i>Afternoon free for your enjoyment</i> ~ 6:00pm Cocktail Reception & Dinner
	Sunday, June 6	8:00am Breakfast in the Meeting Room 9:00am Legislative Update 10:00am Wealth Management

Discover The Ritz-Carlton Key Biscayne, a true destination resort that blends adventure and relaxation with its beautiful nature preserves, charming shopping villages and golden beaches. Located on a seven mile-long barrier island south of South Beach, The Ritz-Carlton in Key Biscayne, Florida, is just minutes from Miami, yet feels miles away from the urban pulse.



**FLORIDA NEUROSURGICAL SOCIETY 2010 ANNUAL MEETING
ADVANCE REGISTRATION**

Please mail completed form with your payment to: FNS, PO Box 441745, Jacksonville FL 32222. Credit Card users may fax this completed form to: 904.786.9939

NAME _____
(For badge imprint)

Office Address _____

City, State, Zip _____

Office Phone _____ Office Fax _____
(Your registration confirmation will be faxed to you)

Email Address _____

GUEST NAME(s) (if applicable) _____

REGISTRATION FEE(S):

- FNS Member \$495
- Non-Member Physician \$695
- Resident/ Fellow in Training \$295
You Must Include a Letter from the Program Director
- Neurosurgery Nurse or P.A. \$325
- Guest(s) of Registrant: #___ @ \$200 ea. \$_____
Guest registration includes Fri. Meet & Greet, Sat. Breakfast & Lunch, Sat. Reception & Dinner, and Sun. Breakfast

METHOD OF PAYMENT: <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Credit Card No. _____	Exp. ____ / ____
Name on Card _____	
Credit Card Billing Address, including zip _____	
<i>Cardholder acknowledges receipt of services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.</i>	
Signature _____	Date _____

Please check here if you have any special requirements in order to participate in this activity. Use back of form for explanation.