

2027

SOUTHERN CALIFORNIA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS

Annual Scientific Meeting Registration Form

January 22-24, 2027 • The Ritz-Carlton Bacara • Santa Barbara, California

Fill out form completely. Please print information clearly.

Your Full Name _____

Street Address / Suite/Apartment Number (if applicable) _____

City _____

State _____

Zip Code _____

Cell* _____

Office Telephone _____

Email _____

*By providing cell phone, you authorize occasional txt messages from SCCACS regarding the event.

EARLY BIRD REGISTRATION CLOSES ON DECEMBER 18, 2026

Registrations received after that date are automatically charged & the delegate is expected to pay the late registration fee levels.

SPEAKERS & PRESENTERS

All participants involved in the program are expected to register and to pay appropriate fees. All residents/students participating in the program are expected to pre-register.

REGISTRATION OPTIONS**FULL SCCACS CONFERENCE**

Includes General Plenary Sessions, Specialty Section Sessions and Social Functions, including Breakfast daily, Friday & Saturday Receptions and lunch both days.

RESIDENTS, STUDENTS & FELLOWS

Includes meeting and all meals and social functions. Advance registration required.

SPOUSE/GUEST REGISTRATION

Includes all meal and social functions as listed.

OPTIONAL ITEMS

SCCACS will be using an event app for the meeting. There is a nominal charge for a printed program book.

ONLINE REGISTRATION AVAILABLE AT
WWW.SOCALSURGEONS.ORG

SCIENTIFIC SESSION REGISTRATION

(Check only one)

	EARLY BIRD BY DECEMBER 18	LATE REGISTRATION AFTER DECEMBER 18	AMOUNT DUE
☐ Chapter Member	\$460	\$510	\$ _____
☐ Non-ACS Chapter Member	\$675	\$725	\$ _____
☐ Active Duty Military	\$265	\$315	\$ _____
☐ Residents and Fellows	\$100	\$125	\$ _____
☐ Students	\$100	\$125	\$ _____
☐ Retired Surgeons	\$265	\$315	\$ _____
☐ Daily Registration Fee - Specify Day: _____	\$275	\$320	\$ _____
☐ Spouse (Name: _____)	\$ 90	\$105	\$ _____

OPTIONAL ITEMS

☐ Printed Program Book	\$ 20	\$ 30	\$ _____
☐ 2027 SCCACS Fellow/Associate Dues (Membership year is Jan-Dec each year. Renew Chapter membership for 2026 or join now for member meeting registration fees. Available to ACS FACS or Associate members - status will be verified.)	\$200	\$200	\$ _____
☐ 2027 SCCACS Resident Member Dues (Check here if you are an ACS Resident member and you wish to be SCCACS member as well. ACS Resident membership required - status will be verified.)	\$ 0	\$ 0	\$ _____
TOTAL ENCLOSED			\$ _____

As it relates to the Americans with Disabilities Act, do you require specific aids or services?

(If yes, please attach specifics.) ☐ Yes ☐ No

DIETARY Please indicate if you have any dietary needs or restrictions including allergies: _____

PAYMENT OPTIONS**PAY BY CHECK**

Make checks payable to: "SCCACS" and mail with completed form and payment in full (in US Dollars) to: SCCACS, 2512 Artesia Boulevard, Suite 230, Redondo Beach, CA 90278

PAY BY CREDIT CARD

For credit card payments, please use the online registration form on the SCCACS website - www.socalsurgeons.org or scan the QR code at right to access.

Payment preference is either through the online form with credit card or by check. If you require alternate payment options, please contact the SCCACS office 310-379-8261.

EARLY BIRD REGISTRATION CLOSING ON DECEMBER 18, 2026

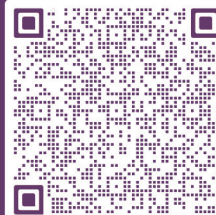
After December 18, 2026, late fee rates are **AUTOMATICALLY** applied. Payment in full is required for admittance to the meeting.

CANCELLATION & REFUND POLICY

Cancellations must be received **IN WRITING** by January 8, 2027, to receive a refund. A \$50 handling charge will be deducted from all refunds. No refund will be provided for cancellations received after January 8, 2027.

MEETING MATERIALS

The final program, name badges and tickets will be available at the SCCACS onsite registration desk.



REGISTER NOW

QUESTIONS? Call 310.379.8261, or Fax 310.379.8283. Email - info@SoCalSurgeons.org

PAYING BY CREDIT CARD? SAVE TIME & REGISTER ONLINE AT WWW.SOCALSURGEONS.ORG