



Thank you - Pre-Registration for the Annual Meeting is now closed.
If your name does not appear on the pre-registration list, you are not registered.

All registrations at this point will have to be done onsite.

Requirements:

- 1) Bring the Onsite Registration Form with you, filled out legibly or typed. All fields are required to be filled out in full. Leave nothing out.
- 2) Payment is to be with the form. Without payment entrance will not be permitted.
- 3) Candidates and Trainees are required to bring a letter confirming their trainee status.

Thank you and enjoy the
Eleventh Americas Hepato-Pancreato-Biliary Congress
Annual Scientific Session and Post Graduate Course
March 10-13, 2011
Eden Roc Renaissance Resort & Spa
Miami Beach, Florida



2011 Annual Meeting Registration Form
March 10 - 13, 2011 - Eden Roc Renaissance Resort & Spa, Miami Beach, FL
Please type this form or print legibly and bring to the onsite registration desk.

Prefix: _____ First Name: _____ Middle: _____ Last Name: _____ Suffix: _____
 Title: _____ Rank: _____ Department: _____ Specialty: _____
 Institution/Company Name: _____
 Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
 Phone: _____ Fax: _____
 Email: _____ Age: _____ Gender: _____

REGISTRATION PACKAGE: (Includes Meeting Registration, Social Events, Exhibit Hall and Postgraduate Course

Onsite Pricing

AHPBA Active Member* \$750 Non-Member Physician \$1,050

Prices below are for Trainees: i.e. Students, Residents, Fellows, Allied Health Members, etc. Please bring a letter onsite to verify your status or you will not be allowed to pay the lower registration rate.

AHPBA Candidate and Allied Health Member* \$350 Non-Member Trainee and Allied Health \$450

**To receive the member rate you must be an AHPBA member in good standing for the year 2011.*

Lunch with the Professors: Space is limited (30 each day) - first come and first served.

Friday, March 11, 2011 11:30 am to 1:00 pm or Saturday, March 12, 2011 12:00 to 1:30 pm.

Location: Waterview Terrace, Elevator to the 3rd Floor

- | | | |
|--|--|--|
| <input type="checkbox"/> No Thank You. | <input type="checkbox"/> Friday, 03/11/11 \$50.00 | <input type="checkbox"/> Saturday, 03/12/11 \$50.00 |
| | <input type="checkbox"/> A - Strasberg Sold Out | <input type="checkbox"/> - I Belghiti |
| | <input type="checkbox"/> B - Fong | <input type="checkbox"/> II - O'Rourke Sold Out |
| | <input type="checkbox"/> C - De Santibanes | <input type="checkbox"/> III - Callery |

Total from Above: \$ _____

Guest Registration

Spouse/Guest Information: (Use this section to enter the name of your guest that is in addition to your registration. The cost of Guest Registration is \$175.00. Guest registration includes all Social Events (Banquet) and the Exhibit Hall. Guest must accompany a registrant.

NO GUEST ONLY REGISTRATIONS ARE PERMITTED. \$ _____

GUEST FIRST NAME: _____ GUEST LAST NAME: _____

Yes, my Guest will be attending the Banquet on Friday

Yes, I will be attending the Postgraduate course. Yes, I will be attending the Banquet on Friday

REQUIRED Payment Processing Fee \$ 5.00

Payment Information

GRAND TOTAL: \$ _____

Check Number: _____ Check Amount: _____

MasterCard Visa American Express

First Name on Credit Card: _____ Last Name on Credit Card: _____

Credit Card #: _____ Expiration Date: _____ Security Digits: _____

Address Credit Card bill is mailed to: _____

Signature: _____

If you have a disability that requires special needs or accommodations, please list. _____

For more information or questions please contact us:
 AHPBA, 341 North Maitland Avenue, Suite 130, Maitland, FL 32751
 Phone: 407-647-8839/Fax: 407-629-2502