



Please type or print your name exactly as you wish it to appear on name badge.

First Name _____ Last/Family Name _____ Degree _____

Institution/Organization _____

Office Address _____ City _____ State/Province _____ Postal Code _____ Country _____

Email _____ Office Phone _____

Registration Fees (Fees do not include Optional Events)	Through February 28	March 1 – March 14	March 15 - Onsite	Amount Due
Member/Fellow	\$625	\$680	\$835	\$ _____
*Add: ON-DEMAND (Available Post Conference)	\$250	\$250	\$250	\$ _____
Member/Fellow Active-Duty Military	\$310	\$340	\$420	\$ _____
*Add: ON-DEMAND (Available Post Conference)	\$75	\$75	\$75	\$ _____
Retired Member	\$160	\$210	\$235	\$ _____
*Add: ON-DEMAND (Available Post Conference)	\$75	\$75	\$75	\$ _____
Candidate Member	\$105	\$160	\$185	\$ _____
*Add: ON-DEMAND (Available Post Conference)	\$50	\$50	\$50	\$ _____
Allied Health Member	\$105	\$160	\$185	\$ _____
*Add: ON-DEMAND (Available Post Conference)	\$50	\$50	\$50	\$ _____
Affiliated Scientific Investigator Member	\$1000	\$1050	\$1200	\$ _____
*Add: ON-DEMAND (Available Post Conference)	\$350	\$350	\$350	\$ _____
Non-Member Physician (including Non-Member Retired)	\$1,000	\$1,050	\$1,200	\$ _____
*Add: ON-DEMAND (Available Post Conference)	\$350	\$350	\$350	\$ _____
Non-Member Non-Physician (PharmD, PhD, other)	\$1000	\$1,050	\$1,200	\$ _____
*Add: ON-DEMAND (Available Post Conference)	\$350	\$350	\$350	\$ _____
Non-Member Allied Health/Other	\$185	\$235	\$260	\$ _____
*Add: ON-DEMAND (Available Post Conference)	\$75	\$75	\$75	\$ _____
Undergraduate Student**	\$185	\$235	\$260	\$ _____
*Add: ON-DEMAND (Available Post Conference)	\$25	\$25	\$25	\$ _____

Sliding Scale Discounted Registration

ASCRS offers a sliding scale registration fee schedule for attendees residing in many countries outside the U.S., Canada, Western Europe, Australia, and New Zealand. Indicate your country of origin and the corresponding discounted rate. (fascrs.org/sliding-scale)

Country: _____ \$ _____

*Non-Member Residents who wish to apply for the Candidate Membership must apply. For more information, contact membership@fascrs.org or visit fascrs.org/healthcare-providers/join.

**To receive the Undergraduate Student rate, submit proof of enrollment to ascrs@fascrs.org.



Register online at www.fascrs.org

SUNDAY, MAY 1

		Candidate Member Fee	Member Fee	Non-Member Fee	Amount Due
6:30 – 7:30 am	Meet the Professors Breakfast	\$50	\$50	\$50	\$ _____
	MTP-S1 Finances for Proctologists	\$50	\$50	\$50	\$ _____
	MTP-S2 Leadership 101	\$50	\$50	\$50	\$ _____
	MTP-S3 Incontinence	\$50	\$50	\$50	\$ _____
	MTP-S4 Watch and Wait in 2022	\$50	\$50	\$50	\$ _____
6:30 – 7:30 am	LGBTQ+ & Allies Breakfast (complimentary, pre-registration required)			Attending: <input type="checkbox"/> Yes <input type="checkbox"/> No	
12:30 – 1:30 pm	Diversity, Equity and Inclusion Luncheon (complimentary, pre-registration required)			Attending: <input type="checkbox"/> Yes <input type="checkbox"/> No	

MONDAY, MAY 2

		Candidate Member Fee	Member Fee	Non-Member Fee	Amount Due
6:30 – 7:30am	Meet the Professors Breakfast	\$50	\$50	\$50	\$ _____
	MTP-M1 The Future of taTME	\$50	\$50	\$50	\$ _____
	MTP-M2 From Surgeon to C Suite	\$50	\$50	\$50	\$ _____
	MTP-M3-The Parastomal Hernia	\$50	\$50	\$50	\$ _____
	MTP-M4 Inflammatory Bowel Disease	\$50	\$50	\$50	\$ _____

TUESDAY, MAY 3

		Candidate Member Fee	Member Fee	Non-Member Fee	Amount Due
12:30 – 1:30pm	Women and Allies of Women in Colorectal Surgery Luncheon	\$70	\$70	\$70	\$ _____
3:15 – 5:00pm	Speed Mentoring Event	\$30	\$30	\$30	\$ _____

WEDNESDAY, MAY 4

		Candidate Member Fee	Member Fee	Non-Member Fee	Amount Due
7:00 am – 12:00pm	Endoscopy Symposium & LIVE STREAMING Surgery Workshop (Non-CME) <i>(Not available ON-DEMAND)</i> • <i>By participating in this remote case, I understand and agree to the following: *I will not participate in a meeting or presentation in any location where unauthorized individuals can see or hear sensitive information, even inadvertently. * I will not copy, photograph or capture sensitive information via audio or video recording.</i> • I Agree (Check box) <input type="checkbox"/>	\$250	\$250	\$250	\$ _____
7:00 am – 12:00pm	Ventral Rectopexy Symposium & LIVE STREAMING Surgery Workshop (Non-CME) • <i>By participating in this remote case, I understand and agree to the following: *I will not participate in a meeting or presentation in any location where unauthorized individuals can see or hear sensitive information, even inadvertently. * I will not copy, photograph or capture sensitive information via audio or video recording.</i> • I Agree (Check box) <input type="checkbox"/>	\$250	\$250	\$250	\$ _____
7:00 am – 2:00pm	Robotic Symposium & LIVE STREAMING Surgery Workshop (Non-CME) • <i>By participating in this remote case, I understand and agree to the following: *I will not participate in a meeting or presentation in any location where unauthorized individuals can see or hear sensitive information, even inadvertently. * I will not copy, photograph or capture sensitive information via audio or video recording.</i> • I Agree (Check box) <input type="checkbox"/>	\$250	\$250	\$250	\$ _____
7:00 am – 10:00am	Question Writing Workshop (complimentary, pre-registration required)			Attending: <input type="checkbox"/> Yes <input type="checkbox"/> No	
10:30 am – 12:00pm	• Critical Review of Manuscripts	\$40	\$40	\$40	\$ _____



Register online at www.fascrs.org

Other Workshops	Candidate Member Fee	Member Fee	Non-Member Fee	Amount Due
7:00 – 10:00am				
Young Surgeons Mock Orals: 2 Tracks (Select one only)	\$100	\$225	\$275	\$ _____
• Track One: Residents/Fellows-in-Training	\$100	\$225	\$275	\$ _____
• Track Two: Physicians in Practice Applying for Board Certification				

Contributions

Make a Contribution to the

- Educational Endowment Fund \$ _____
- Research Foundation Fund \$ _____
- Research Foundation Meet the Challenge Program \$ _____

(\$25, \$50, \$75, \$100 or \$150) Optional, suggested voluntary donations.

Total This Page: \$ _____
 Total Previous Page(s): \$ _____
 Total Remittance: \$ _____

Payment Information

CREDIT CARD: To pay by credit card, email this form to ascrs@fascrs.org. A member services representative will reach out for remittance.

CHECK: Make checks payable to the American Society of Colon and Rectal Surgeons, or ASCRS, and remit payment with a copy of this registration form to the below address.

ASCRS
 Attn: ASM Registration
 P.O. Box 7090
 Carol Stream, IL 60197-7090

Notification of cancellation must be submitted in writing. Cancellations will be refunded with no penalty regardless of date of cancellation. Registration may be revised from live to on-demand upon request. Send requests to ascrs@fascrs.org.

- I require special accommodations – Please submit a written description of your needs to ascrs@fascrs.org
- I consent to receive emails from ASCRS
- Do not include my name on the pre-registration list
- Consent for COVID (Please see below)
- Special meal requests: Gluten Free Kosher Vegetarian Vegan Nut Free Dairy Free Other: _____

Guest Registration

Name of Spouse/Guest(s) _____ \$125.00/ Ticket \$ _____
 # of Ticket: _____ \$ _____

Welcome Reception – ASCRS “TOGETHER AGAIN,” in Tampa!, (No limit to number of guest tickets.)
 Includes: Entrance to the Innovation Center; Welcome Reception and Farewell Reception.

Guest Spouses registration cannot claim CME Credit.

By registering for this meeting, I hereby acknowledge and agree that ASCRS or its agents may take photographs and/or video of me during events and may freely use those photographs and video in any media for ASCRS' purposes, including but not limited to news and promotional purposes, without further compensation to me. In addition, attendee contact information (name/address only) may be made available to outside parties.

Release and Waiver of Claims (COVID-19)

The American Society of Colon and Rectal Surgeons (“ASCRS”) 2022 Annual Scientific Meeting (“Meeting”) will take place April 30 – May 4, 2022, at the Tampa Convention Center and other area venues (collectively, “Venues”). In consideration of being permitted to attend the Meeting, the individual named below (referred to as “I” or “Attendee”) agrees to the terms of this Release and Waiver of Claims (“Waiver”).

By signing this Waiver, I acknowledge I am attending the Meeting in-person with the full understanding of the inherent risks of such decision and acknowledge and agree:

- COVID-19 is an ongoing extremely contagious worldwide pandemic.
- COVID-19 infections can result from contact with infected persons, exposure to droplets/aerosols released by infected persons through breathing, coughing, talking and normal interaction, and by touching surfaces.
- By traveling to and/or attending the Meeting, I risk becoming exposed to or infected with COVID-19 as a result of my actions, omissions, or negligence, or those of others, including without limitation, ASCRS’s officers, executive council, employees, and agents.
- Contracting COVID-19 can result in personal injury, illness, disability, and death. Risk increases steadily with age, and persons with underlying medical conditions are considered “high risk” and particularly susceptible to developing severe illness from COVID-19.
- ASCRS cannot guarantee that I will not become infected with COVID-19 during the Meeting.
- Attending the Meeting could increase my risk of contracting COVID-19.
- ASCRS is not responsible for the Venues’ acts or omissions, including its COVID-19 mitigation efforts (or lack thereof).

I acknowledge and agree that it is my obligation to become familiar with and follow all recommended health and safety measures while attending the Meeting, including but not limited to measures related to hand sanitation, social distancing, and use of face coverings.

BY CHECKING OFF THE BOX ON THE REGISTRATION FORM, I ACKNOWLEDGE AND AGREE THAT I AM ATTENDING THE MEETING VOLUNTARILY, AND AT MY OWN RISK. I HEREBY RELEASE, FOR MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, AND DO FOREVER RELEASE, DISCHARGE, AND COVENANT, NOT TO SUE ASCRS, ITS EXECUTIVE COUNCIL, OFFICERS, AGENTS, EMPLOYEES, MEMBERS, AND REPRESENTATIVES, OF AND FROM ANY AND ALL CLAIMS, LIABILITIES, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF, IN CONNECTION WITH, OR RELATING TO, MY ATTENDANCE OR PARTICIPATION IN THE MEETING INCLUDING, WITHOUT LIMITATION, ANY ILLNESS, DAMAGES, OR INJURY WHATSOEVER RESULTING FROM MY ATTENDANCE AT THE MEETING, PARTICIPATION IN EVENTS RELATED TO THE MEETING, EXPOSURE TO AN INFECTIOUS DISEASE (INCLUDING COVID-19) OR THE MANNER IN WHICH THE MEETING OR ITS RELATED EVENTS AND ACTIVITIES ARE CONDUCTED (COLLECTIVELY, “CLAIMS”). I understand and agree this Waiver includes any Claims based on the ordinary negligence or otherwise of ASCRS, its executive council, officers, agents, employees, members, and representatives, whether a condition giving rise to any Claims occurred before, during, or after I attended or participated in the Meeting. This Waiver does not extend to any liabilities that cannot be released under applicable law.

I understand ASCRS is under no obligation to provide support or safety during the Meeting, or medical aid in case of accident or illness. However, should an accident or illness occur, I give ASCRS (or its representatives or staff) permission to seek immediate medical aid, and I further agree to hold harmless ASCRS and members of its executive council, its officers, agents, employees, members, and representatives from any liability for illness, death, injury, loss, or damage related in any way to the provision, or lack of provision, of medical aid.