SPOUSE/GUEST BEANTOWN TROLLEY TOUR & BOSTON HARBOR CRUISE REGISTRATION FORM

18th SLS Annual Meeting & Endo Expo 2009 • September 11, 2009 • 9:30am - 12:30pm

Thank you for registering for the SLS Spouse/Guest Beantown Trolley Tour & Boston Harbor Cruise.
Tour tickets and conference materials will be provided when you check in at Conference Registration.

The bus will depart the hotel at 9:30am on Friday, September 11, 2009. Please be sure to pick up your tickets early!

If you have any questions or need additional information, please contact Teri@SLS.org.

PRINT THIS FORM. **Fill out the form completely. Incomplete forms will be returned unprocessed.**

3 Easy Ways to Register

Use ONE of the following methods to register for the Spouse/Guest Beantown Trolley Tour & Boston Harbor Cruise at Endo Expo 2009, Boston, Massachusetts, USA

Web: www.SLS.org

Mail: SLS, Inc.
7330 SW 62 Place
Suite 410
Miami, FL 33143 USA

Fax: (305) 667-4123
Faxed registration forms must include credit card information.

1. CONFERENCE ATTENDEE:

First Name | MI | Last Name

Address

City | State/Province | Zip / Postal Code

Country | E-Mail

Telephone Number (include area code) (if outside US include city code) | Fax Number (include area code) (if outside US include city code) | Country Code, if outside US

2. TOUR REGISTRANTS: Please list names of all persons you are registering for the tour.

First Name | MI | Last Name

First Name | MI | Last Name

First Name | MI | Last Name

First Name | MI | Last Name

First Name | MI | Last Name

3. EMERGENCY CONTACT: Please list emergency contact name, telephone number, and cellular phone number.

First Name | MI | Last Name

Telephone Number (include area code) (if outside US include city code) | Country Code, if outside US

Cellular Number (include area code) (if outside US include city code | Country Code, if outside US

4. PAYMENT INFORMATION:

For check payments: Mail registration form with check (in US Funds only), to SLS, 7330 SW 62nd Place, Suite 410, Miami, FL 33143-4825, USA.
For more information: Toll Free: (800) 446-2659 or Tel: (305) 665-9959, Fax: (305) 667-4123, or E-mail: Conferences@SLS.org, Website: www.SLS.org

Number of Tour Registrants _____ @ $45.00 each

Total Registrant Fees: $

❑ Visa
❑ Mastercard
❑ Check Enclosed *(make check payable to SLS)*

Indicate Check # _____

Total Amount $ _____

Card # *If payer is other than registrant, please print name and/or company name below:* | Exp Date

First Name | MI | Last Name

Company | 3-digit Security Code

I authorize SLS to charge the Total Tour Registration Fees to the credit card listed above.

Billing Zip / Postal Code

Cardholder's Signature: _____