



2023 WHS Annual Meeting- SOCIAL EVENT TICKET

ATTENDEE INFORMATION *(please print clearly)*

First Name	Last Name	Degree	
Hospital/Affiliation		Address	
City	State/Province	Zip	Country
Phone		Email Address <i>(required for confirmation)</i>	

REGISTRATION FEES

All Fees Quoted & Payable In U.S.D.

SOCIAL EVENT TICKET <i>(check all that apply)</i>	Fee
<input type="checkbox"/> WHS MEMBERS SOCIAL EVENT- Capitol Canopy (National Harbor) <i>Wednesday April 26, 2023- 6:30-9:30pm</i>	\$100
GRAND TOTAL:	\$ _____

PAYMENT *(must accompany application)*

VISA/MASTERCARD

AMERICAN EXPRESS

Name (as it appears on Card) _____

Security Code: _____ *(Your credit card's security code is a three or four digit security code located on the front or back of your credit card. See card images above.)*

CREDIT CARD NUMBER: _____

MONTH/YEAR: ____ / ____

EXPIRATION

BILLING ADDRESS _____

(If not the same as address listed above)

SIGNATURE: _____

I authorize WHS to charge my credit card the above fees.

Please Send WHS Registration Forms to WHS Offices: 500 Cummings Center Suite 4400 Beverly, MA 01915 or Fax to (978) 524-0461. meetings@woundheal.org