



GROUP MEMBERSHIP REGISTRATION

Thank you for your interest in the Society for Perioperative Assessment and Quality Improvement and your commitment to improve the perioperative care of our patients.

Please continue to visit the Society website (www.spaqi.org). If you have any suggestions or comments please contact us at info@spaqi.org.

Registration Fee –Once this form is completed, please send it to info@spaqi.org. Once the membership is processed, an invoice will be sent. Please note that groups with 5-10 members will receive a 20% discount, and groups with 11+ will receive a 25% discount.

Make checks payable to: SPAQI

Send to:

SPAQI

2111 Chestnut Ave Ste 145

Glenview, IL 60025

phone: (847) 503-0653

email: info@spaqi.org

Please submit the form below to info@spaqi.org to receive an invoice and include this form with payment.

GROUP ADMINISTRATOR

Check this box if will also be SPAQI member

Group Name _____

First Name _____

Last Name _____

Degree _____

Specialty _____

Address _____

City _____

State _____

Zip Code _____

Country _____

E-mail _____

Check only if administrator will also be SPAQI member:

- Physician (\$150)
- Non-Physician (\$75)
- Student/Resident (\$25)

NEXT PAGE FOR GROUP MEMBERS

