**St. Louis Obstetrical & Gynecological Society**

**c/o Natalie Kotthoff**, Executive Assistant to Society Board

621 S New Ballas Road | Suite 2009B| St. Louis, MO 63141

**Phone:** 314.251.6881 **Email:** **natalie.kotthoff@mercy.net**

**DINNER MEETING: Tuesday, 24 September 2024**

**Maggiano’s** **Little Italy**

**#2 The Boulevard** - **Richmond Heights MO 63117**

(across from the Galleria, East side of Brentwood Blvd with open parking facility)

PHONE: (314) 824-2402

***5:45 PM Cocktails***

***6:30 PM Lecture***

**TOPIC: Vulvar Dermatoses**

**SPEAKER:** A Mary Guo, MD – Residency Program Director Department of Internal Medicine, Mercy Hospital St Louis, St Louis, Missouri

**SUPPORT:** Departments of Ob Gyn @ **Mercy-STL**, **STL Univ** & **Wash Univ**; **Exeltis** – Todd Young; **Natera** – Dawn Baumgartner; **Samsung** **Healthcare** – Patrick Goheen

**RESERVATION & CHECK POLICY:** Reservations &/or cancellations must be received by **Noon Thursday 19 Sept 2024.** A CHECK DEPOSIT IS NOT REQUIRED for Members, Fellows & Residents Telephone reservations are not accepted.

**RSVPs:** All **SOCIETY MEMBERS:** pleasee-mail &/or contact *Natalie Kotthoff* (heading) … **RESIDENTS & FELLOWS:** e-mail &/or contact your respective RESIDENT REPRESENTATIVE or Natalie Kotthoff.

**NON PHYSICIAN GUESTS** will require a $60.00 check (includes Cocktails & Dinner) with this RSVP (…no credit card access is available). Reservation Form & Check must be received by Thursday 19 Sept.

**Name (Member) Please Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Guest) Please Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone (Including Area Code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address (Please) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THIS COMPLETED FORM (+ Guest Fee if applicable) to:** **MAKE CHECK PAYABLE TO:**

**Chris Saller-Sorth ST LOUIS OB GYN SOCIETY**

**St. Louis Obstetrical & Gynecological Society**

**1023 Executive Parkway #16**

**St Louis, MO 63141-6323**