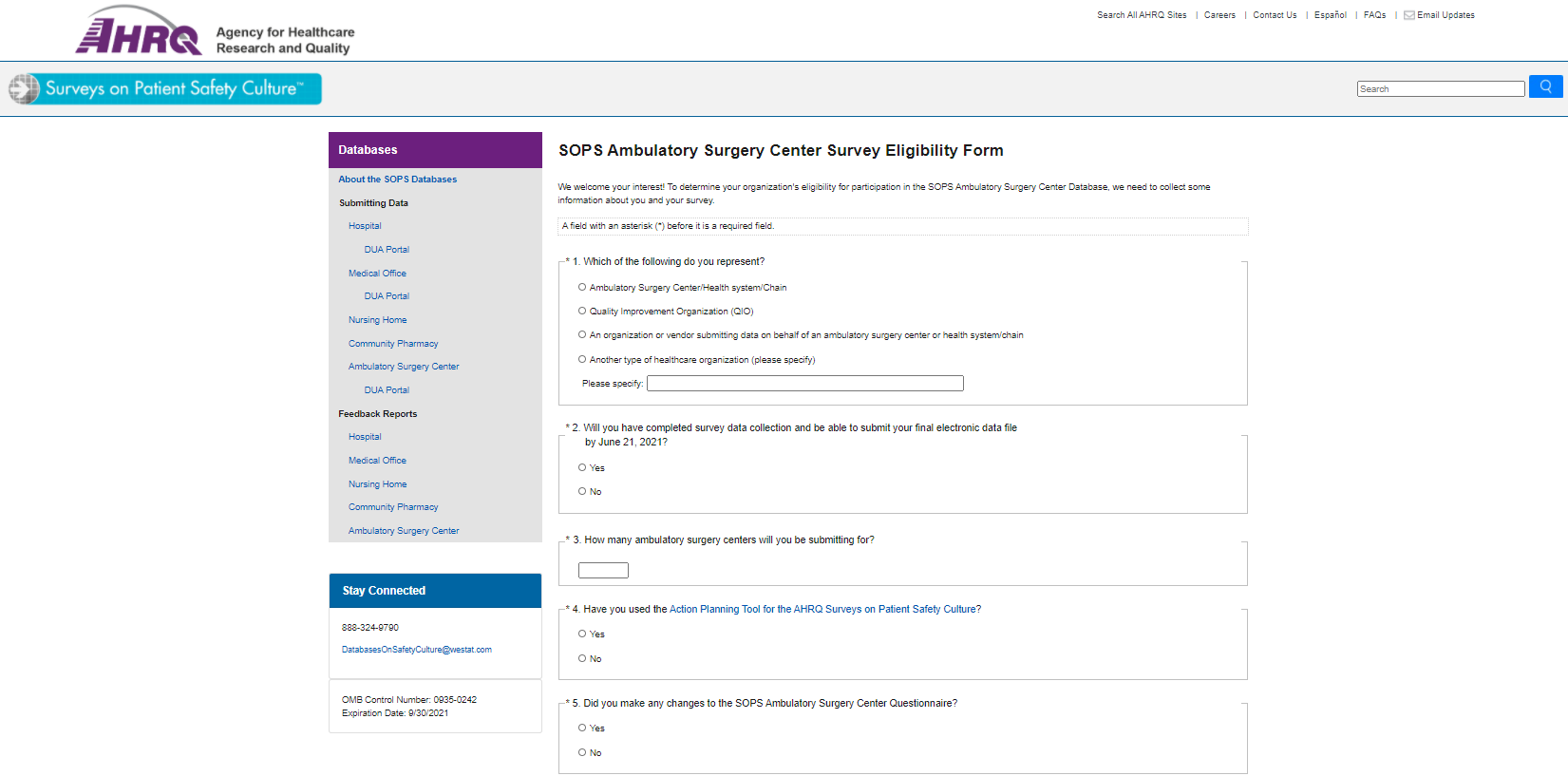
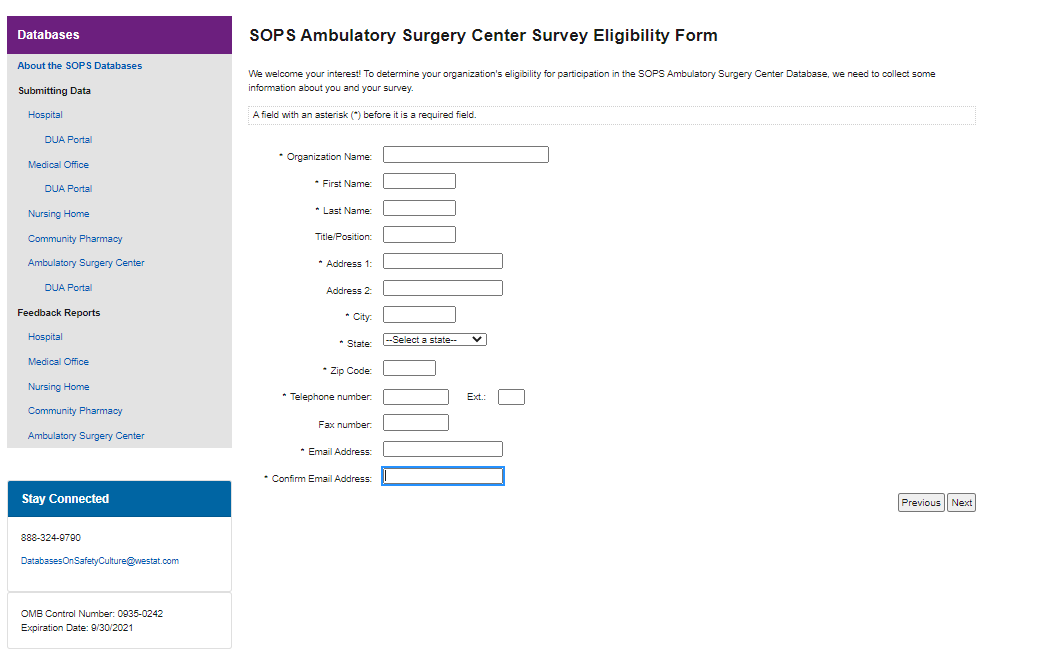
**Attachment A: Eligibility and Registration Form**





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| **SOPS Ambulatory Surgery Center Survey Eligibility Form**  If the registration information is incorrect, please click on the "Previous" button below and update your information.  Confirm your registration information  Organization Name:  Email:  First Name:  Last Name:  Address 1:  Address 2:  City:  State:  Zip:  Telephone:  Fax: |
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| |  | | --- | | **SOPS Ambulatory Surgery Center Survey Eligibility Form**  **Account registered.**  An email message has been sent to **[Email]**.  To ACTIVATE your account please follow the link emailed to you, Thank you! | |