

**Dale Daniel, MD Orthopedic Symposium**  
**May 18-20, 2007**  
**Rancho Bernardo Inn, San Diego, California**

**Registration Form**

Please complete the course registration form and fax or mail along with your personal check payable to Dale Daniel Symposium. To pay by credit card, please do not use this form. Visit [www.cmxtravel.com](http://www.cmxtravel.com) to register online and save.

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Title Name on Badge

\_\_\_\_\_  
Kaiser Employee Yes  No  Hospital Group

\_\_\_\_\_  
Preferred Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Business Phone

\_\_\_\_\_  
Fax Email address

<b><u>Refund Schedule</u></b>	
<b>Before March 30, 2007</b>	<b>After April 30, 2007</b>
Refund less \$50 Cancellation Fee	No Refund
Send refund request to: Fax: 510 795 0277 E-mail: <a href="mailto:kportho@sbcglobal.net">kportho@sbcglobal.net</a>	

**Workshop Assignments**  
**Please select your workshop:**  
Select only one per day

**SATURDAY MAY 19, 2007**

- 1A – Sports
- 1B – Total Joint Arthroplasty
- 1C – Trauma
- HealthConnect Breakout II – Foot/Ankle & Hand

**SUNDAY MAY 20, 2007**

- 1A – Shoulder
- 1B – Foot & Ankle
- HealthConnect Breakout III – Trauma

- \$ \_\_\_\_\_ Amount enclosed
- Yes, I will attend the welcome reception on Friday May 18, 2007
- \_\_\_\_ # of adults \_\_\_\_ # children under age 12
- No, I am unable to attend

**Mail your Check and Registration Form to:**  
**DALE DANIEL SYMPOSIUM and mail to: 4641 Dinuba Street, Union City, CA 94587**