

Conference Instructions and Registration Fees

The Kaiser Permanente Primary Care and Ob/Gyn Conferences extend a warm welcome to all attendees, their families, and guests. We are pleased to offer this 5-day course at these extremely affordable rates. Your registration fee includes:

- One (1) course syllabus
- Continental breakfast with the morning sessions
- Refreshments with afternoon sessions
- Welcome Reception (family and guests invited)

Fees for both the Primary Care and Ob/Gyn Conferences are the same.

If you have questions, you may call 510-625-6374 or e-mail primarycareconf@sbcglobal.net. We regret that telephone registration is not accepted.

| Registration Category | “Early-Bird” Rate PAY by Dec. 31, 2007 | Regular Rate PAY by Feb . 11, 2008 | Late Rate PAY after Feb. 11, 2008 |
|---|--|--|---|
| KP Physicians | \$495 | \$595 | \$645 |
| Non-KP Physicians | \$695 | \$795 | \$845 |
| All Health Professionals: (Non-Physicians) | \$300 | \$400 | \$445 |
| Residents | \$250 | \$350 | \$395 |
| Daily (all categories) | \$200 | \$300 | \$345 |

***Save \$50 off these registration fees when you register online.
Visit www.kpprimarycareconference.org.**

Mail-In Registration the same.

On-Site Registration: *Advance registration closes on March 10, 2008.* On-site registration will be available after March 10, 2008. We regret that we will be unable to guarantee a course syllabus. An additional \$50 fee will be charged for on-site registration. Cash, check, or credit cards (additional 5% fee) are accepted for on-site registration.

Cancellation Policy: All cancellations must be submitted in writing, either by fax or e-mail. \$50 cancellation fee if notice is received before **February 11, 2008**. No refunds if notice is received after **February 11, 2008**.

Please submit notice of cancellation via e-mail at primarycareconf@sbcglobal.net or fax to 510-477-6729.

March 23–28, 2008 Primary Care Conference Registration Form

NAME OF REGISTRANT (PLEASE PRINT LEGIBLY) _____

TODAY'S DATE _____

PREFERRED NICKNAME FOR BADGE _____

ADDRESS: CITY/STATE/ZIP _____

PHONE _____

PLEASE PROVIDE YOUR E-MAIL ADDRESS _____

Registration confirmation and conference information will be sent via e-mail. Use of your e-mail address will be restricted to conference staff/faculty. Please print legibly.

Please circle a region

Colorado PMG
Hawaii PMG
The Southeast PMG
Northwest PMG
Group Health Cooperative
of Puget Sound
Ohio PMG
Mid-Atlantic PMG
SCPMG
TPMG (N. Calif.)
CMI/Prog. Offices
KFH
KFHP
Other Affiliate or Network

Associate (list region) _____

Non-Permanente _____

Please circle a specialty

Internal Medicine
Acute Care/Urgent Care
Physical Therapy
Psychology/Behav. Med.
Family Practice
Preventive Medicine
Ob/Gyn
Pediatrics
Occupational Medicine
Emergency Medicine
Psychiatry
Clinical Nursing
Orthopedic Surgery
Physical Medicine
Advice Nurse

Other _____

Type of Clinician/Title (MD, NP, RN, etc.) _____

Type of practice

- Private Practice
 HMO
 Government
 Military
 Resident
 Other _____

Referred by

- Colleague
 Conference Web site/Internet
 Postcard mailing
 Brochure mailing
 Attended previously
 KP e-mail
 Other _____

Session: Your registration fee **INCLUDES** one (1) session syllabus. Please indicate your preferred (main) session. Be advised that you are welcome to attend any session/lecture that interests you regardless of the syllabus selection you make.

PC MSM OBG **Total Tuition:** _____

Mail-In Registration: Please make check payable to: Kaiser Permanente Primary Care.
Mail payment and registration form to: Primary Care 2008, 4641 Dinuba Street, Union City, CA 94587

This registration form is for check payments only. To pay by credit card, please register online at www.cmxtravel.com.