

2010 Kaiser Permanente National Orthopaedic Conference

January 22-24, 2010 St Regis Monarch Beach Resort, Dana Point, CA

Conference Registration Form

Please register me in the following category: (check one)

- Physician (MD ___ DO ___ DPM ___ DC ___ PhD ___ DDS ___ Other Physician ___)
- Nurse
- Nurse Practitioner
- Physician's Assistant
- Physical Therapist
- Athletic Trainer
- OTHER _____

Please check those items below that apply to you:

- I am a Kaiser Permanente Physician. (Please indicate Medical Center or Group.)

- I am a Resident/Fellow (please provide documentation).

Select type of registration:

- Full Conference
- 1 Day(s) Fee (Please list days – Friday, Saturday or Sunday) Leave blank if attending full conference. etc) _____

Please indicate if you will attend the following events: (blank box indicates you will NOT attend)

- Yes, I will Friday night Welcome Reception (attendees only)
- Yes, I will attend the Saturday Luncheon (attendees only)

Last Name First Name

Name on Badge Title

Organization/Company

Mailing Address

City State Zip Code

Home Phone Business Phone

Fax Email Address

Hospital Group

-----Please fill out page 2 -----

2010 Kaiser Permanente National Orthopaedic Conference

Payment

Enclosed is my check or Money Order for

\$ _____

Make checks payable to CMX Travel.

Mail your check and registration form to:

CMXTravel 11 Trellis Circle, Pembroke, MA 02359

toll free 877.843.8500 • tel 781.829.9696 • fax 781.735.0558 • email

cmxtravel@cmxtravel.com

National Orthopaedic Conference Registration Fees

Registration Category	"Early-Bird" Rate PAY by November 30, 2009	Regular Rate PAY by December 31, 2009	Late Registration After January 1, 2010	On site registration After January 10, 2010
KP & Group Health Physicians	\$250.00	\$350.00	\$400.00	\$450.00
Non-KP Physicians Physicians	\$350.00	\$450.00	\$500.00	\$550.00
All Allied Health Professionals: Non-Physicians	\$225.00	\$275.00	\$325.00	\$375.00
Residents/Fellows*	\$200.00	\$200.00	\$200.00	\$250.00
Daily Registration (per day)	\$200.00	\$200.00	\$200.00	\$250.00

ON-SITE REGISTRATION

An additional \$50 fee is assessed for on-site registration which is available after January 10, 2010. Credit cards will be accepted for on-site registration (5.0% service charge will be applied).

CONFERENCE CHECK-IN

Please bring your REGISTRATION CONFIRMATION which will be mailed or emailed to you upon receipt of your payment. Check in for registration begins at 11:00AM at the **St Regis Monarch Beach Resort, Ballroom**.

COURSE REFUND POLICY

Cancellations received prior to December 31, 2009 will be subject to a \$50.00 cancel fee; after December 31, 2009 no refund. Administrative and credit card fees are nonrefundable. All cancellations must be submitted in writing either via post, fax or e-mail. Refund process can take 3-4 weeks.

COURSE REFUND POLICY	
Before December 31, 2009	After December 31, 2009
Full Refund less \$50 Cancellation Fee	No Refund

Please submit notice of cancellation to:

CMX Travel

11 Trellis Circle

Pembroke, MA 02359

TEL: 1-781-829-9696 FAX: 1-781-735-0558

E-mail: cmxtravel@cmxtravel.com

