

# Sports Medicine Winter Summit

March 7-11, 2018

Canyons Resort, Park City, Utah

CMXTravel & Meetings

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## Conference Registration Form

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

- Physician (MD\_\_\_ DO\_\_\_ DPM\_\_\_ DC\_\_\_ PhD\_\_\_ DDS\_\_\_ PhD\_\_\_ Other Physician\_\_\_)
- Allied Health Professional ( i.e.- non-Physician- RN, LPN, AT, PA ETC\_
- OTHER\_\_\_\_\_

Please check those items below that apply to you:

- I am a past attendee (please indicate what year \_\_\_\_\_).
- I am a Kaiser Permanente or Group Health 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 – Wed, Thur, Fri , etc) \_\_\_\_\_

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

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

\_\_\_\_\_  
First name on Badge

\_\_\_\_\_  
Title (MD, DO, DPM, RN, PHD ETC.)

\_\_\_\_\_  
Hospital or Company Affiliation

\_\_\_\_\_  
Primary Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

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

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

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

T-SHIRT SIZE \_\_\_\_\_ (SM, M, L,XL, XXL)

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_

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## CMX Travel & Meetings

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### Payment

Enclosed is my check or Money Order for \$\_\_\_\_\_

Make checks payable to CMX Travel.

Mail your check and registration form to:

**CMX**Travel      11 Trellis Circle, Pembroke, MA 02359

toll free 877.843.8500 • tel 781.829.9696 • fax 781.735.0558 • email

[cmxtravel@cmxtravel.com](mailto:cmxtravel@cmxtravel.com)

**SCROLL DOWN FOR FEES**

# Sports Medicine Winter Summit

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Canyons Resort, Park City, Utah

## Conference Registration and Fees

The Sports Medicine Winter Summit extends 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 Conference Registration fee\* includes:

- One (1) course program — syllabus/handouts will be sent electronically prior to attending the conference
- All lectures
- CME Certificate
- 4 days breakfast in our private dining area overlooking the mountain
- Apres's ski refreshments and snacks daily
- Welcome Reception Dinner Wednesday Evening

\* Food and beverage provided by the conference is for the attendees only. Family & guests are welcome to enjoy the various dining options at the Canyons Resort

Past attendees of the SMWS may receive a \$100 discount of the fees below (full conference registration only) if registered by March 1, 2016. An email will be sent to you with this discount code. (applies to all categories except Residents, Military and Daily fees)

Registrant Category	"Early Bird" Rate (Pay by 11/30/2017)	Discounted Rate (Pay by 1/2/2018)	Regular Rate (Pay by 3/1/2018)	On-Site Rate (Pay after 3/2/2018)
Physicians ( MD, DO, DDS etc)	\$795	\$895	\$945	\$999
Kaiser Permanente and/or Group Health Permanente Physicians	\$695	\$795	\$845	\$899
Allied Health Professionals (all Non Physicians) (PA, PA-C, RN, LPN, AT. ETC.)	\$595	\$695	\$745	\$799
Residents/Fellows in Training**	\$495	\$595	\$645	\$699
Daily Registration Fees (per day)	\$250	\$250	\$250	\$250

\*\* Residents in Training must send a verification letter from their Residency Director to qualify for this category. Fax to 1-781-735-0558 or email to [cmxtravel@cmxtravel.com](mailto:cmxtravel@cmxtravel.com)

### ON-SITE REGISTRATION

On-site registration will be available after 3/1/18.

## **CONFERENCE CHECK-IN**

Please check in on Wednesday March 7, 2018 beginning at 2:00 pm-6:00 pm at the Grand Summit Hotel conference ballroom area at the Canyons Resort, Park City. Signs will direct you. Name badge pick up begins at 2:00pm

## **COURSE REFUND POLICY**

- All cancellations must be submitted in writing either via fax or e-mail
- \$100 cancellation fee applies for all cancellations
- We regret that no refunds apply if notice of cancellation is received after February 1, 2018

Please submit notice of cancellation via E-mail at [cmxtravel@cmxtravel.com](mailto:cmxtravel@cmxtravel.com) or fax to (781)735-0558.

Refund process can take 3-4 weeks