

CMXTravel & Meetings

2018 Primary Care Hawaii "Caring for the Active and Athletic Patient"
May 7-11, 2018 Grand Hyatt Kauai, Kauai ,Hawaii

Conference Registration Form

Please print legibly so we may register you properly

Last Name _____ First Name _____

First Name on Badge _____ Title(MD, RN, DPM, LPN, etc.) _____

Organization/Company/Hospital _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

Fax _____ Email Address (required to process your reservations) _____

Hospital Group _____

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

- Physician (MD__ DO__ DPM__ DC__ PhD__ DDS__ Other Physician____)
- Other Title (not listed above)_____
- KP Employee? (please check if you are a KP Employee)
- KP Region _____(i.e. TPMG, SCPMG etc..)
- Allied Health Professional (i.e non-Physician)
- Resident (please provide documentation and fax to -781-735-0558 or email to cmxtravel@cmxtravel.com).
- Full Conference
- Daily Registrant (if you are attending only 1 or 2 days only please indicate which days)
 Monday Tuesday Wednesday Thursday Friday

Daily fees are \$300 per day

If you received a discount code offer for this conference, please enter it below:

Discount Code Offer_____

Please complete page 2

2018 Primary Care Hawaii "Caring for the Active and Athletic Patient"
May 7-11, 2018

Please check those items below that apply to you:

Type of Practice

- Private Practice
- HMO
- Government
- Military
- Resident
- Other

Referred by:

- Colleague
- Conference web site
- CMX Travel email
- Internet search
- Postcard mailing
- Other

Enclosed is my check or Money Order for \$_____
Make checks payable to **CMX Travel& Meetings**

Mail your check and registration form to:

CMX Travel, LLC

11 Trellis Circle, Pembroke, MA 02359

• Tel 781.829.9696 • fax 781.735.0558 • email cmxtravel@cmxtravel.com

Scroll down for Registration Fees

May 7-11, 2018

2018 Registration Fees

Category	Early-Bird Register by 12/31/2017	Regular Register by 2/28/2018	Register after 3/1/2018
Kaiser Permanente Physicians	\$795	\$845	\$ 945
Physicians	\$895	\$945	\$ 1045
All other Health Professionals (Non-Physicians)	\$795	\$845	\$895
Residents in Training*	\$645	\$695	\$745
Daily Fees***	\$ 300	\$ 300	\$ 300

* Residents in Training must submit a letter of verification from their Residency Director to qualify for this reduced registration fee. Please fax (781-735-0558) or email to cmxtravel@cmxtravel.com. If your verification letter is not received, your registration category will revert to the full physician registration fee.

*** Daily fees are per day. Please note that should you register for more than 2 days, it may be less expensive to register for the entire conference

COURSE REFUND POLICY

- * All cancellations must be submitted in writing either via fax or e-mail
- * Registration is non-transferable
- * \$100.00 cancellation fee applies for all cancellations regardless of reason
- * We regret that no refunds apply if notice of cancellation is received after April 7, 2018

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