CMXTravel

2014 Primary Care Maui "Caring for the Active and Athletic Patient"
May 5-9-2014 Hyatt Regency Maui, 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

Please complete page 2

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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& Meetings
11 Trellis Circle, Pembroke, MA 02359
• tel 781.829.9696 • fax 781.735.0558 • email cmxtravel@cmxtravel.com

Registration Category	"Early-Bird" Rate	Regular Rate	Late Rate
	PAY by January 5,2014	PAY by March 3, 2014	PAY after March 3, 2014
Kaiser Permanente Physicians	$ 695	$ 795	$ 895
Physicians	$ 795	$ 895	$ 995
All other Health Professionals (Non-Physicians)	$ 595	$695	$795
Residents in Training*	$ 495	$595	$695
Daily Fees (per day)	$300	$300	$300

*Residents in Training must provide proof of Residency from their Director faxed to 781-735-0558 or emailed to cmxtravel@cmxtravel.com

W9 form below

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.

Name (as shown on your income tax return)
Joseph Federl

Business name/disregarded entity name, if different from above
CMX TRAVEL & MEETINGS

Check appropriate box for federal tax classification:
☑ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
11 Trellis Circle

City, state, and ZIP code
Pembroke, MA 02359

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
2 9 7 – 5 0 – 2 8 3 4

Employer identification number
–

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ _____ Date ▶ 10-29-13

General Instructions ... withholding tax on foreign partners' share of effectively connected income, and