CMXTravel

2017 Primary Care Hawaii "Caring for the Active and Athletic Patient"
April 17-21, 2017

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 Fees

Category	Register by December 31, 2016	Register by January 31, 2017	Register after February 1, 2017
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 March 17, 2017

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