CMXTravel &Meetings

2017 Update in Orthopaedic Surgery Conference
July 16-20, 2017 Grand Hyatt Kauai Resort, Poipu Beach, Kauai, Hawaii

Registration Form

CMX Travel & Meetings administers all conference registrations. Please complete the course registration form and fax or mail along with your personal check payable to CMX Travel.

First Name **Last Name**

Title **First Name on Badge**

Kaiser Employee **Yes** ☐ **No** ☐ **Hospital Group**

Preferred Mailing Address_____

City_____ **State**_____ **Zip Code**_____

Contact Phone_____ **Email (required)** _____

Please select your category:

☐ Kaiser Permanente Physician
☐ Physician
☐ Hawaii Orthopaedic Association Physician
☐ Kaiser Permanente Orthopaedic Chief Physician
☐ Allied Health Professional (i.e. non-physician)
☐ Resident/Fellow

Daily Registrants only:

☐ I am registering as a Daily Registrant only (please indicate which days you will be attending)

☐Monday ☐Tuesday ☐Wednesday ☐Thursday

$_____ Amount enclosed

Payment

CREDIT CARD INFORMATION

____VISA ____MASTERCARD_____ AMERICAN EXPRESS (CHECK ONE)

CARD NUMBER_____ EXP DATE_____

SECURITY CODE _____ (4 digits on front of card for AX, 3 digits on back of card for Visa/MasterCard)

NAME ON CARD_____

BILLING ADDRESS ON CARD_____ CITY_____ ____STATE_____ZIP_____
(if address above is the same as billing address, write "same")

Make your checks payable to CMX Travel & Meetings and mail 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

Registration Fees

Registration Category	"Early-Bird" Rate Pay by 3/26/2017	Regular Rate Register By 5/28/2017	Register After 5/28/2017
Kaiser Permanente Physicians	$625	$699	$749
Hawaii Orthopaedic Association Physicians	$375	$375	$375
Kaiser Permanente Orthopaedic Chiefs (Physicians)	$375	$375	$375
All other Physicians	$725	$799	$849
Allied Health Professionals (non-physicians, RN, PA-C, etc.)	$475	$499	$549
Residents in Training*	$399	$449	$499
Daily Fee (per day) all attendees	$250	$250	$250

***Residents in Training must provide a verification letter from their Residency Director. Please email cmxtravel@cmxtravel.com or fax to 781-735-0558**

Course Refund Policy

- All cancellations must be submitted in writing either via post, fax or e-mail.
- Refund process can take 3-4 weeks.
- A full refund, less a $100 fee applies for all cancellations received prior to May 28, 2017. After this date, all fees are nonrefundable. Please submit notice of cancellation via E-mail at cmxtravel@cmxtravel.com or fax to (781) 735-0558