



**CHINESE AMERICAN MEDICAL ASSOCIATION  
OF SOUTHERN CALIFORNIA (CAMASC)**

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[www.camasc.org](http://www.camasc.org)



**15<sup>TH</sup> CONFERENCE ON  
HEALTH CARE OF THE  
CHINESE IN NORTH  
AMERICA**

**HOSTING ORGANIZATION**  
Chinese American Medical  
Association of Southern California

**MAJOR SUPPORTERS**  
Pacific Alliance Medical Center  
PAMC Health Foundation

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**FEDERATION OF CHINESE  
AMERICAN AND CHINESE  
CANADIAN MEDICAL  
SOCIETIES**

**SUPPORTING/MEMBER  
ORGANIZATIONS**  
Chinese American Medical  
Association of Southern California

Los Angeles, California  
Association of Chinese  
American Physicians  
Flushing, New York

Association of Chinese  
Community Physicians  
San Francisco, California  
Chinese American Medical Society

New York, New York  
Chinese American Physicians  
Society (East Bay)  
Oakland, California

Chinese Community Health  
Care Association  
San Francisco, California  
Chinese Canadian  
Medical Society (Ontario)

Ontario, Canada  
Chinese Hospital Medical Staff  
San Francisco, California

Philippine Chinese American  
Medical Association  
Scarsdale, New York  
Ventura County American Chinese  
Medical Dental Association

Ventura, California

Registration Form				
First Name		MI		
Last Name				
Title	<input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Pharm.D. <input type="checkbox"/> RN <input type="checkbox"/> Other:			
Street Address				
City		State		Zip
Email:		Phone:		
<input type="checkbox"/> I need ADA (Americans with Disabilities) accommodations				
Registration Fee (includes daily breakfast and lunch pass)		By July 1	After July 1	
FCMS + CAMASC Member Physicians:		<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	
All Other Health Professionals:		<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	
New Membership Special (\$100 Membership + \$200 Conference Fee)		<input type="checkbox"/> \$300	N/A	
Physicians-in-Training + Medical Students (with verification)		<input type="checkbox"/> Free	<input type="checkbox"/> Free	
Spouse/Guest Fee (daily meal pass only)		<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	
Conference Gala (Saturday, October 9, 2010 at 6:45PM)		<input type="checkbox"/> \$150 x ____	<input type="checkbox"/> \$150 x ____	
Total Amount Enclosed				
Method of payment:	<input type="checkbox"/> Check made to "CAMASC"			
	<input type="checkbox"/> Credit Card (circle): Visa MasterCard Discover American Express			
	Name on Card:			
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Card Number:		Exp. Date:		
Register Online: <a href="http://www.CAMASC.org">www.CAMASC.org</a>	Register by Mail: CAMASC 625 West College Street, #209 Los Angeles, CA 90012 ATTN: 2010 Conference	Register by Fax: (213) 572-0635		