



17th Conference on Health Care of the Chinese in North America
 Hosted by Chinese American Medical Association of Southern California (CAMASC)
 Saturday-Sunday, October 11-12, 2014
 Millennium Biltmore Hotel, 506 South Grand Avenue, Los Angeles, CA 90071



17TH 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
 Association of Chinese American Physicians
 Flushing, New York

Association of Chinese Community Physicians
 San Francisco, California
 Chinese American IPA, Inc. (Independent Practice Association)
 New York, New York

Chinese American Medical Society
 New York, New York

Chinese American Physicians Society (East Bay)
 Oakland, California

Chinese Canadian Medical Society
 Toronto, Ontario, Canada

Chinese Community Health Care Association
 San Francisco, California

Chinese Hospital Medical Staff
 San Francisco, California

Eastern Chinese American Physicians IPA, Inc.
 Flushing, NY

Philippine Chinese American Medical Association
 New York, New York

Ventura County American Chinese Medical/Dental Association,
 Oxnard, California

Registration Due Date: Thursday, September 18, 2014

Registration Form				
First Name		MI		
Last Name				
Healthcare Role	<input type="checkbox"/> Licensed Physician <input type="checkbox"/> Registered Pharmacist <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Licensed Healthcare Provider (please specify): _____			
Practice Specialty				
For CME, CE, or Certificate of Attendance record purposes, please provide your professional license number				
Please check whom/where you heard about the conference?	<input type="checkbox"/> Chinese American Medical Association of Southern California <input type="checkbox"/> FCMS Member Organization* <input type="checkbox"/> Professional Organization* <input type="checkbox"/> Workplace* <input type="checkbox"/> Friend* <input type="checkbox"/> School* <input type="checkbox"/> Others*			
	For row with an asterisk (*), please specify: _____			
Street Address:				
City	State		Zip	
Email	Phone			
<input type="checkbox"/> I need ADA (Americans with Disabilities) accommodations* Please specify: _____				
Conference Registration	<input type="checkbox"/> Sat - Sun Oct 11-12, 2014	<input type="checkbox"/> Sat Only Oct 11, 2014	<input type="checkbox"/> Sun Only Oct 12, 2014	
Conference Gala Registration**	<input type="checkbox"/> Saturday, October 11, 2014 at 7:00 PM			
For Conference Gala Payment: please make check payable to: "CAMASC 2014"				
<input type="checkbox"/> \$150 per ticket x _____ = Total Amount Enclosed: _____ Please provide guest list: * _____				
3 Ways to Submit Your Registration Form:	By Fax: (213) 572-0635		By Mail:	
	By Email: camasc@foundationpamc.org		CAMASC - 2014 Conference 625 West College Street, #209 Los Angeles, CA 90012	
+ For special accommodations, please make your request by Thursday, September 18, 2014.				
*All confirmation will be sent via email.				
** For Conference Gala Cancellation Policy: Cancellation(s) made prior to Thurs, Sept 25, 2014 will be 100% refunded minus \$25 service charge per ticket. Cancellation(s) made after Thurs, Sept 25, 2014 will be 50% refunded per ticket. All cancellations must be in writing.				

625 West College Street, Suite 209, Los Angeles, CA 90012

Tel: (213) 572-0631 ♦ Fax: (213) 572-0635 ♦ Email: camasc@foundationpamc.org

www.camasc.org