



# Chinese American Medical Association of Southern California (CAMASC)

## Registration Form for 2016 Overseas Conference : "Same Diseases, Different Continents"

Monday, April 4, 2016 in Singapore and Friday, April 8, 2016 in Taipei

### CME Participant Information (Please PRINT your NAME exactly as it appears in your passport/travel documents.)

First Name		MI		Last Name	
Title	<input type="checkbox"/> M.D. <input type="checkbox"/> D.O.	M.D./D.O. License Number		Specialty	
Passport #				Passport Expiration Date	
Contact Address				City	
				State	
				Zip	
Email			Phone		
				Fax	

### Physician's Accompanying Guest (Please PRINT your guest's NAME as it appears in his/her passport/travel doc.)

First Name		MI		Last Name	
Passport #/Exp Date			Email		
				Phone	

Please mark  on your selections below: *Full payment must be received at time of registration to guarantee bookings.*

CME Participant and One (1) Accompanying Guest	Paid on/before Monday, Nov 16, 2015		Paid after Monday, Nov 16, 2015	
	CAMASC/FCMS Paid Members	Non-Members	CAMASC/FCMS Paid Members	Non-Members
<b>A. CME Tuition (For Two (2) Activity Sites)</b> <ul style="list-style-type: none"><li>National University, Singapore</li><li>Taipei Medical University, Taipei</li></ul>	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
<b>B. CME Trip Package</b>	<input type="checkbox"/> \$3,100		<input type="checkbox"/> \$3,300	

### C. Additional Hotel Room Night Request (cost per room is based on a max occupancy of two (2) people and daily breakfast and T/T included)

Singapore at \$320/Room/Night	<input type="checkbox"/> Thur, Mar 31, 2016	<input type="checkbox"/> Fri, Apr 1, 2016	<input type="checkbox"/> Sat, Apr 2, 2016
Taipei at \$320/Room/Night	<input type="checkbox"/> Sun, Apr 10, 2016	<input type="checkbox"/> Mon, Apr 11, 2016	<input type="checkbox"/> Tue, Apr 12, 2016

Register by Mail: 625 W. College St., Ste #209  
Los Angeles, CA 90012

Check # 1 – CME Tuition for Both Sites = \_\_\_\_\_  
(enter A)

- Please make **two (2) separate checks** payable to "CAMASC"
- Additional \$30 will be charged to registrant for every returned check.

Check # 2 – CME Trip Package Cost = \_\_\_\_\_  
(add B+C)

### \*Cancellation Policy

Cancellation received **on or before Tue, Feb 16, 2016** is entitled to a full refund less \$100 processing fee. Due to the hotel booking requirement, cancellations received **after Tue, Feb 16, 2016** will be subject to one night hotel charges plus \$100 processing fee. **NO refunds for cancellation after Wed, Mar 23, 2016.** Cancellation requests must be received in writing. No-shows and early departures will be considered a cancellation.

CAMASC reserves the right to change the CME trip package and CME activity agenda where deemed necessary.

Please contact CAMASC at 213-572-0631 with concerns or to request ADA (Americans with Disabilities) accommodations.

By checking this box, I hereby release Chinese American Medical Association of Southern California, and any person connected to CAMASC of any liability associated with the "Same Diseases, Different Continent" CME activities and travel from April 2 – 10, 2016.

Signature		Date	
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