

Chinese American Medical Association of Southern California (CAMASC)

| Registration Form for "Same Diseases, Different Continents" CME Activities Sunday, March 17, 2013 and Thursday - Friday, March 21, 2013 – March 22, 2013 | | | | | | | | | | |
|---|-------------------------------|---|--------------------------|--|---|--|----------------------------------|-----------|-------|-----|
| 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 <input checked="" type="checkbox"/> on your selections below: Registration and full payment must be received before Fri, Jan 11, 2013 | | | | | | | | | | |
| A. CME Tuition (For Three (3) Days) <ul style="list-style-type: none"> • Mar 17, 2013/Hong Kong • Mar 21 – 22, 2013/Beijing | | 2012/2013 CAMASC Paid Member | | | Non-Members | | | | | |
| | | <input type="checkbox"/> \$500 | | | <input type="checkbox"/> \$600 | | | | | |
| B. CME Trip Package For: | | CME Participant Only | | | CME Participant and One (1) Accompanying Guest @\$400/1 guest only | | | | | |
| | | Pay on or before Wed, Dec 19, 2012 | | <input type="checkbox"/> \$2,350 | | | <input type="checkbox"/> \$2,750 | | | |
| | | Pay after Wed, Dec 19, 2012 | | <input type="checkbox"/> \$2,650 | | | <input type="checkbox"/> \$3050 | | | |
| C. Additional Hotel Room Night Request (cost per room is based on a max occupancy of two (2) people and daily breakfast included) | | | | | | | | | | |
| Langham, Hong Kong at \$320/Room/Night | | <input type="checkbox"/> Wed, Mar 13, 2013 | | <input type="checkbox"/> Thurs, Mar 14, 2013 | | <input type="checkbox"/> Fri, Mar 15, 2013 | | | | |
| Millennium, Beijing at \$230/Room/Night | | <input type="checkbox"/> Sun, Mar 24, 2013 | | <input type="checkbox"/> Mon, Mar 25, 2013 | | <input type="checkbox"/> Tue, Mar 26, 2013 | | | | |
| Register by Mail: 625 W. College St., Ste#209 Los Angeles, CA 90012 <ul style="list-style-type: none"> • Please make two (2) separate checks payable to "CAMASC" • An additional \$30 will be charged to registrant for every returned check. | | | | | Check # 1 – CME Fee Only: A = \$ _____ | | | | | |
| | | | | | Check # 2 – CME Trip Package Cost: B + C = \$ _____ | | | | | |
| *Cancellation Policy | | Cancellation received before Fri, Jan 11, 2013 is entitled to a full refund less \$100 processing fee. Due to the hotel booking requirement, cancellations received after Fri, Jan 11, 2013 will be subject to one night hotel charges plus \$100 processing fee. NO refunds of cancellation after Friday, March 1, 2013. All cancellation requests must be received in writing. No-shows and early departures will be considered a cancellation. | | | | | | | | |
| CAMASC reserves the right to serve and make changes to 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. | | | | | | | | | | |
| <input type="checkbox"/> By checking this box, I hereby release Chinese American Medical Association of Southern California (CAMASC), and any person connected to CAMASC, of any liability associated with the "Same Diseases, Different Continent" CME activities and travel from March 16 – 23, 2012. | | | | | | | | | | |
| Signature | | | | | Date | | | | | |