

# CMXTravel & Meetings

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**2021 Primary Care Hawaii "Caring for the Active and Athletic Patient"**  
**August 9-13, 2021 Grand Hyatt Kauai Hawaii**

## Conference Registration Form

Please print legibly so we may register you properly

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Last Name First Name

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First Name on Badge Title( MD, RN, DPM, LPN, etc.)

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Organization/Company/Hospital

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Mailing Address

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City State Zip Code

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Home Phone Business Phone

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Fax Email Address (required to process your reservations)

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Hospital Group

**Please register me in the following category: (check one)**

- Physician (MD\_\_ DO\_\_ DPM\_\_ DC\_\_ PhD\_\_ DDS\_\_ Other Physician\_\_)
- Other Title ( not listed above)\_\_\_\_\_
- KP Employee? ( please check if you are a KP Employee)
- KP Region \_\_\_\_\_(i.e. TPMG, SCPMG etc..)
- Allied Health Professional ( i.e non-Physician)
- Resident (please provide documentation and fax to -781-735-0558 or email to [cmxtravel@cmxtravel.com](mailto:cmxtravel@cmxtravel.com)).
- Full Conference
- Daily Registrant (if you are attending only 1 or 2 days only please indicate which days)
  - Monday  Tuesday  Wednesday  Thursday  Friday

Daily fees are \$300 per day

**Please complete page 2**

## 2021 Primary Care Hawaii "Caring for the Active and Athletic Patient"

Please check those items below that apply to you:

### Type of Practice

- Private Practice
- HMO
- Government
- Military
- Resident
- Other

### Referred by:

- Colleague
- Conference web site
- CMX Travel email
- Internet search
- Postcard mailing
- Other

### Specialty

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Enclosed is my check or Money Order for \$\_\_\_\_\_

Make checks payable to **CMX** Travel, LLC

Mail your check and registration form to:

**CMX** Travel, LLC

90 Juniper Lane, Pembroke, MA 02359

• Tel 781.829.9696 • fax 781.735.0558 • email [cmxtravel@cmxtravel.com](mailto:cmxtravel@cmxtravel.com)

### 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")

## **2021 Registration Fees**

<b>Category</b>	<b>Early-Bird Fees Register by 3/1/2021</b>	<b>Regular Fees Register by 6/9/2021</b>	<b>Register after 6/9/2021</b>
Physicians (MD, PhD, DO, etc.)	\$995	\$1045	\$1095
Kaiser Permanente or Group Health Permanente Physicians (MD, DO, PhD)	\$895	\$945	\$995
Allied Health Professionals (non- physicians-RN'S, LPN's, AT, PT, PA-C, etc)	\$895	\$945	\$995
Residents in Training*	\$895	\$945	\$995
Daily Fees (Per day) These fees are if you register for only 1 or 2 days of the conference. They are not in addition to the full conference fees above.	\$300	\$300	\$300