

HAPPY DOC SUMMER CAMP 2018 AUGUST 26 – 30, 2018 REGISTRATION FORM

Mail form with payment to: Happy Doc Summer Camp, 190 W Continental Rd Ste 216-261, Green Valley AZ USA.

ATTENDEE INFORM	MATION (Plea	ase print)					
Name			Nickname for Badge(If blank, first name will be used				
Address				(If blank, first r	name will be used		
				Country			
			Zip/Postal Code	Country			
E-mail							
Cell Phone: ()		Wo	rk Phone: () ₋	(Optional)		
Professional role:	MD / DO	PA/NP	RN Other:				
Specialty: (Optional)							
Employer: (Optional)							
 (optional)	_						
EMERGENCY CON	TACT INFORI	MATION					
Contact Name			Phone ()			
				,			
HOUSING WE'LL CANNOT PROVIDE A				JSING REQUESTS, BU	T WE		
Select only <u>one</u> of the	eight (8) options	s below:					
A Place	e me in any cab	in (random as	signments)				
B Grou	p Cabin	Group nam	e:	Cabin No (if knov	vn)		
C I'm n	ot in a Group C	abin but would	like to be housed with:				
D Pleas	se house me se	parate from (g	roup/individual(s):				
E My pl	hysical / medica	al condition req	uires me to have a cen	tral location near the din	ing hall		
F I will	stay in a Tent						
G I will	stay in an RV						
H I will	stay in a Hotel /	Motel and pro	vide my own transporta	tion to camp			

1. RE	GISTRATION F	EE			Data	Data way Daysan
	Happy Doc Su	ımmer Camp	<u>Rate</u>	Rate per Person		
	(choose one)		s RN's & Allied He Technicians	ealth Providers	\$1750 \$1600 \$1400	\$
2. Bl	JS RESERVAT	ION - If you p	lan to use our cl	hartered bus, let us kno	ow which bus(es) y	ou want to take.
	a. ROUND-TRIF b. ONE-WAY TO b. ONE-WAY TO		Included Included Included			
3. PF	ROFESSIONAL	MASSAGE	(Optional)		\$75	\$
		TO	TAL PRICE US	FUNDS ENCLOSED	\$	
By s	ubmitting your re	gistration forn	n you have read,	understand, and agree Policy.	to Happy Doc Sum	mer Camp's Refund
				on how I can get involv ity. Please contact me		
P	AYMENT METHO			Orders are payable to ect to \$30 service charg		er Camp. NSF
	□ Che	eck/MO	□ Visa	■ MasterCard	□ AMEX	☐ Discover
	Card No:					
	Exp Date:		Sec	curity Code		
	Signature requ	ired for credit	cards:			
HAPP	Y DOC SUMMER (CAMP REFUNI	O POLICY			

Refunds must be requested only in writing (e-mail, OK) to document transactions and provide an audit trail. It helps protect us and you by documenting everything in writing, especially when it comes to financial transactions.

REFUND SCHEDULE:

- On or before June 15: \$150 cancellation fee.
- From June 16 July 31: \$250 cancellation fee.
- After August 1: no refunds.

Refunds will be processed within seven (7) business days after the request has been received. Credits to your credit card may take 3 - 5 business days once the credit has been processed before your bank processes it on your statement. For those that paid by check or money order, a check for your refund will be sent to you within 7 business days as well.

Happy Doc Summer Camp highly recommends that you insure your travel and event fees by purchasing professional travel insurance. Please see our website at http://www.happydocsummercamp.com/travel-protection.html for more information.