

2022 Napa Primary Care Conference

November 2-6, 2022

Napa Marriott Resort & Spa, Napa, CA

Conference Registration Form

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

- Physician (MD__ DO__ DPM__ DC__ PhD__ DDS__ Phd__ Other Physician__)
- Allied Health Professional (i.e.- non-Physician- RN, LPN, AT, PA ETC_
- OTHER _____

- I am a Resident/Fellow (please provide documentation).

Select type of registration:

- Full Conference
- Single (1-3 Day(s) Fee (Please list days – Wed,Thur, Friday, etc) Please check below:

___ WED ___ THUR ___ FRI ___ SAT ___ SUN

Last Name First Name

First name on Badge Title (MD, DO, DPM, RN, PHD ETC.)

Hospital or Company Affiliation

Primary Mailing Address

City State/Province Zip/Postal Code Country

Home Phone Business Phone

Fax Email Address

GENDER _____

Will you attend the Wine Tasting Reception Wednesday November 2 Yes No

Will you have a guest attend the reception Yes No

Payment

Enclosed is my check or Money Order for \$_____

Make checks payable to CMX Travel, LLC or pay by credit card on-site.

Mail your check and registration form to:

CMX Travel & Meetings

90 Juniper Lane, Pembroke, MA 02359

• tel 781.829.9696 • fax 781.735.0558 • email 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/Province/Region _____ Postal Code/Zip Code _____

Country _____

(If Address Above Is The Same As Billing Address, Write "Same")

2022 REGISTRATION FEES

Category	Register By 5/2/22	Register By 9/1/22	Register after 9/1/22
Kaiser Permanente or Group Health Physicians	\$745	\$845	\$945
Physicians (MD, PhD, DO etc)	\$845	\$945	\$1045
Allied Health Professionals Allied Health Professionals (i.e. non physicians such as nurses, athletic trainers, Physical Therapists etc.)	\$845	\$945	\$1045
Residents in Training*	\$695	\$795	\$845
Guest Registration Includes breakfast daily	\$250	\$250	\$250
Single day Registrants			
	Wednesday and Sunday per day 2.0 hours cme	Thursday/Friday/Saturday per day. 4.0 hours cme	
Daily Registration Fee (use this fee if you are only attending 1 or 2 days of the conference)	\$200 per day	\$300 per day	

* Residents in Training must provide proof of Residency from their Director faxed to 781-735-0558 or email cmxtravel@cmxtravel.com

Single day Registrants			
	Wednesday and Sunday per day 2.0 hours cme	Thursday/Friday/Saturday per day. 4.0 hours cme	
Daily Registration Fee (use this fee if you are only attending 1 or 2 days of the conference)	\$200 per day	\$300 per day	

Course Refund Policy

Should it become necessary for you to cancel your participation in the course, please be advised of the cancellation policy:

- All cancellations must be submitted in writing by either via fax or e-mail.
- \$100 cancellation fee applies for any cancellations after registration. We regret that no refunds apply for cancellations received after 10/2/2022
- Cancellation fees cannot be waived for medical or family emergencies nor transferred to a future conference.
- We strongly recommend purchasing trip cancellation insurance to protect your investment. Visit travelguard.com or www.allianztravelinsurance.com. Please read all terms and conditions on any travel insurance policy.
- Refund process can take 3-4 weeks.
- In the event that the conference is canceled or postponed due to matters beyond our control, a \$50 fee applies to all refunds.

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