

# 2024 Napa Primary Care Conference

November 6-10, 2024

Napa Marriott Resort & Spa, Napa, CA

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## 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 8 Yes ☐ No ☐

Will you have a guest attend the reception Yes ☐ No ☐

# Payment

## 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")

# 2024 Napa Primary Care Conference

## REGISTRATION FEES

Category	Register after 8/19/24
Kaiser Permanente Physicians (MD, DO, PhD)	\$995
Physicians (MD, DO, PhD)	\$1045
Non Physicians (RN LPN, PA, PT etc.)	\$995
Residents in Training*	\$795

\* Residents in Training must provide proof of Residency from their Director. Please email to [cmxtravel@cmxtravel.com](mailto: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)	\$300 per day	\$350 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 10/6/2024
- 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](https://travelguard.com) or [www.allianztravelinsurance.com](https://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 \$100 fee applies to all refunds.
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