

# BURNOUT TO BRILLIANCE

## PHYSICIAN WELLNESS SYMPOSIUM

### Registration Form

Name: \_\_\_\_\_  
Last First MI Degree

Email Address: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Billing Address (if different from mailing): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

#### Attendee Registration

**\$1350 \*\***

Includes:

\*\* \$1500 after February 3, 2020

- CME conference registration
- all meals and snacks during the conference April 2-5, 2020
- morning yoga and all regular resort activities (exclusive of Spa, Integrative Medicine consults, Sweat Lodge, "Ojitos" Soak)
- complimentary Wi-Fi internet access

#### Companion Pass

**\$155/ day**

Intended for spouse/ guest who is \_\_\_\_\_

- staying on property in the same room
- NOT registering for CME conference lectures

Includes: ·all meals during the conference April 2-5, 2020  
·morning yoga and all regular resort activities  
(exclusive of Spa, Integrative Medicine consult, Sweat Lodge, "ojitos" soak)  
·complimentary Wi-Fi internet access

Please NOTE: There is no charge for double-occupancy room. The second occupant-- if NOT a conference registrant-- must purchase a daily companion pass to cover food and regular resort fees.

Attendee Registration \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Companion Pass (\$155/ day x \_\_\_ days) \_\_\_\_\_

Departure Date: \_\_\_\_\_

**TOTAL PAID:** \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_  
Total Amount: \$ \_\_\_\_\_ MC VISA AMEX

Authorized By:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date