

2023 Primary Care Hawaii Conference July 31- August 4, 2023 Grand Hyatt Kauai Hawaii

Conference Registration Form

Please print legibly so we may register you properly

Last Name

First Name

First Name on Badge

Title(MD, RN, DPM, LPN, etc.)

Organization/Company/Hospital

Mailing Address

City

State

Zip Code

Home Phone

Business Phone

Fax

Email Address (required to process your reservations)

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 in Training (please provide documentation and fax to -781-735-0558 or email to 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 \$350 per day

Please complete page 2

2023 Primary Care Hawaii Conference

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
- Social Media

Specialty (i.e. Family Practice, Internal Medicine etc.)

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

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")

Scroll down for Registration Fees

2023 Registration Fees

Category	Early-Bird Fees Register 12/31/2022	Register by 3/31/2023	Register by 6/1/2023	Register after 6/1/2023
Physicians (MD, PhD, DO, etc.)	\$895	\$995	\$1,045	\$1,095
Kaiser Permanente or Group Health Permanente Physicians (MD, DO, PhD)	\$795	\$895	\$945	\$995
Allied Health Professionals (non-physicians-RN'S, LPN's, AT, PT, PA-C, etc)	\$795	\$895	\$945	\$995
Residents in Training*	\$695	\$795	\$845	\$895
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.	\$350 per day			