

Advance Registration Form

# 88th Annual Fall Clinical Conference

October 21-23, 2010

Name	Degree	Specialty
Street	City	State, Zip
Email Address	Business Phone	Fax Number

## Registration Options

### Member of KCSWCS:

- |  |               |
|--|---------------|
| <input type="checkbox"/> Physician, Physician Assistant or Nurse Practitioner (lunch is included*) | REG FEE       |
| <input type="checkbox"/> Honorary Members of KCSWCS (lunch not included**)                         | Complimentary |
| <input type="checkbox"/> Resident Physicians & Medical Students (lunch not included**)             | No Fee        |
|  | No Fee        |

**I would like to join KCSWCS:** (Membership application - <http://kcswcs.org/membership.html>)

- |   |       |
|---|-------|
| <input type="checkbox"/> Physician (enclose 1 year dues payment of \$205)                                 | \$205 |
| <input type="checkbox"/> Physician Assistant or Nurse Practitioner (enclose 1 year dues payment of \$150) | \$150 |

### Non-Member Physician:

- |  |   |                        |
|--|---|------------------------|
| <input type="checkbox"/> Entire Meeting (lunch is included*)   | EARLY BIRD DISCOUNT<br>(POSTMARKED BY 9/24) | AFTER 9/24 &<br>ONSITE |
| <input type="checkbox"/> One Full Day Only (lunch is included*): Check one - <input type="checkbox"/> Thursday <input type="checkbox"/> Friday | \$360                                       | \$385                  |
| <input type="checkbox"/> Saturday Morning Only   | \$200                                       | \$225                  |
|  | \$100                                       | \$125                  |

### Non-Member Nurse, PA, NP:

 (NURSES MUST PROVIDE LICENSE# AND DOB) (lunch is included\*)

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Entire Meeting License# _____ License State: _____ DOB: _____                                    | \$210 | \$235 |
| <input type="checkbox"/> One Full Day Only: Check one - <input type="checkbox"/> Thursday <input type="checkbox"/> Friday | \$110 | \$135 |
| <input type="checkbox"/> Saturday Morning Only  | \$80  | \$105 |

## Limited Enrollment Program Options

**BREAKFAST SEMINARS** are simultaneous: Please check one choice for each day (Payment required for all registrants who wish to attend breakfasts) - Seating is limited.

#### Thursday Breakfast: (\$20 - select one)

- Palliative Care
- Pulmonary Disability
- Genetic Risk GYN Cancer

#### Friday Breakfast (\$20 - select one)

- Shoulder Disorders/Injuries
- ENT for the Primary Care Physicians
- Hair Loss

#### Saturday Breakfast

- (No charge/Members only)
- Membership
  - Business Meeting
  - Yes  No

## PROGRAM SYLLABUS OPTIONS

(Online version will be available on [www.kcswcs.org](http://www.kcswcs.org) free of charge to meeting registrants. However, printed copies must be purchased).

- Pre-Order Syllabus \$15 ea. X \_\_\_\_\_ qty (please include with registration)  I will print syllabus. Available on our website after October 17th.

### For planning purposes, please indicate which sessions/events you plan to attend:

#### THURSDAY, OCTOBER 21, 2010

- \*Luncheon - Hospital Infections, Philip Smith, MD
- \*\*Luncheon Ticket \$30 each x \_\_\_\_\_ (qty) \$ \_\_\_\_\_

#### FRIDAY, OCTOBER 22, 2010

- \*Luncheon - Something Else Tidbits, Donald Deye, MD
- \*\*Luncheon Ticket \$30 each x \_\_\_\_\_ (qty) \$ \_\_\_\_\_

### CONCURRENT EDUCATIONAL SESSIONS - PLEASE SELECT THE SESSIONS YOU PLAN TO ATTEND DAILY

#### 9 AM-12:20 PM Symposia (select one)

- Pulmonary
- Disease Prevention/ Early Detection

#### 2-5:15 PM Symposia (select one)

- Hematology/Oncology
- Renal

#### 9 AM-12:20 PM Symposia (select one)

- Dermatology
- Neurology

#### 2-5:15 PM Symposia (select one)

- Cardiology
- GI

#### Thursday Evening Dinner Lecture:

No Fee; but reservations are required

- Dinner for Registrant  Transportation for Registrant  Transportation for spouse

## PAYMENT OPTIONS

Total Amount Due \$ \_\_\_\_\_

Check # \_\_\_\_\_

Credit Card Payment:  MasterCard  Visa  Discover

Make checks payable to KCSWCS

Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Security V Code \_\_\_\_\_ (last 3 digits on signature line, back of card)

**MAIL TO:** Kansas City Southwest Clinical Society  
9225 Ward Parkway, Suite 114, Kansas City, MO 64114  
Phone: (816) 523-3383 / **FAX TO:** (816) 523-3393  
Email: [info@kcswcs.org](mailto:info@kcswcs.org) / Web site: [www.kcswcs.org](http://www.kcswcs.org)

\* Luncheon tickets are included with registration. \*\* Additional tickets for guests or unpaid registrants.