

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

## Registration Options

### Member of KCSWCS:

- Physician, Physician Assistant or Nurse Practitioner
- Honorary Members of KCSWCS
- Resident Physicians & Medical Students

**REGISTRATION**  
 Complimentary  
 No Fee  
 No Fee

**I would like to join KCSWCS:** (Membership application will be mailed)

- Physician (enclose 1 year dues payment of \$205)
- Physician Assistant or Nurse Practitioner (enclose 1 year dues payment of \$150)

\$205  
 \$150

### Non-Member Physician:

- Entire Meeting
- One Full Day Only: Check one -  Thursday  Friday
- Saturday Morning Only

EARLY BIRD DISCOUNT (POSTMARKED BY 9/13)	REGULAR (AFTER 9/13)	ONSITE REGISTRATION (AFTER 11/2)
\$360	\$385	\$400
\$200	\$225	\$240
\$100	\$125	\$140

### Non-Member Nurse, PA, NP: (Nurses must provide License# and DOB)

- Entire Meeting License# \_\_\_\_\_ License State: \_\_\_\_\_ DOB: \_\_\_\_\_
- One Full Day Only: Check one -  Thursday  Friday
- Saturday Morning Only

\$210      \$235      \$250  
 \$110      \$135      \$150  
 \$ 80      \$105      \$120

**REGISTRATION FEE DUE**

\$ \_\_\_\_\_

## 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)

- Food Allergy Myths
- Cardiovascular Risk of CKD
- Impulse Control Disorders

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

- Incidental Thyroid Nodules
- Primary Care Eye Review
- Geriatrics Update

### Saturday Breakfast

- (No charge/Members only)  
 Breakfast/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 (After Oct. 27).

**Printed syllabus & thumb/flash drives must be PRE-ORDERED by October 13, 4:00 CST. These may not be available for purchase onsite.**

- Printed Syllabus \$15 ea. X \_\_\_\_\_ qty
- Thumb/Flash Drive \$12 ea X \_\_\_\_\_ qty

\$ \_\_\_\_\_

## TOTAL AMOUNT DUE

\$ \_\_\_\_\_

### Thursday Evening Dinner Lecture:

No Fee; but reservations are required

- Dinner for Registrant
- Transportation for Registrant
- Transportation for spouse

## PAYMENT OPTIONS

Total \$ \_\_\_\_\_

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

Credit Card Payment:  MasterCard  Visa  Discover

Make checks payable to KCSWCS

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

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

**MAIL TO:** Kansas City Southwest Clinical Society  
 9229 Ward Parkway, Suite 280, 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)

Name on Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

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