

Conference and dinner reservations

Absolute deadline for all registrations: May 10, 2010

Registration will close Monday, May 10.

Walk-in registrations will not be accepted – no exceptions.

Add-ons for dinners cannot be accepted – no exceptions.

Register for the conference

Online: NortonHealthcare.com/cme, select “CME Live Activities”

Fax with your credit card: (502) 629-6556 (directly to the Norton Healthcare Office of CME)

Mail with check to: Norton Healthcare
315 E. Broadway, Suite 505
Louisville, KY 40202

Phone with your credit card: (502) 629-3590

Name: (Please print clearly.) _____

Street address: _____ City: _____ State: _____ ZIP: _____

Telephone: (____) _____ Medical license #: _____ State: _____ Specialty: _____

CONFERENCE REGISTRATION COSTS

Conference fee for a renewing or new SAN member \$200*

*Your 2010 \$50 membership is due now. Complete the application below and mail it and dues separately to SAN.

Conference cost for a nonmember of SAN \$400

DINNER RESERVATION COSTS

Thursday, May 20

Welcome dinner “meet and mingle” buffet for attendees and their families. Al fresco buffet menu includes barbecue, fish, pasta and vegetarian options. (Entry tickets, required for each person eating, will be issued during on-site conference registration.)

Conference participant Total number: _____ x \$25 = \$ _____

Children – Infant to 3 years old Total number: _____ (No charge)

Children – 4 to 12 years old Total number: _____ x \$15 = \$ _____

All other guests – 13 years old and older Total number: _____ x \$25 = \$ _____

Saturday, May 22

SAN banquet, lobster and seafood buffet for attendees and their families. Al fresco buffet menu includes one lobster per person, fresh seafood, steak and vegetarian options. Children’s menu does not include a lobster. (Entry tickets, required for each person eating, will be issued during on-site conference registration. One lobster ticket will be issued per person.)

Conference participant Total number: _____ x \$50 = \$ _____

Children – Infant to 3 years old Total number: _____ (No charge)

Children – 4 to 12 years old (no lobster) Total number: _____ x \$25 = \$ _____

All other guests – 13 years old and older Total number: _____ x \$50 = \$ _____

International credit card processing fee \$100

Total due (conference + dinners): \$ _____

Credit card information

Card type:		Name on card:			
Card number:		Expiration date:			
Billing address:					
City:		State:		ZIP:	

Name tag information

Please provide us with how you would like your guest’s/spouse’s and your name tags to read.

Your name:	Guest’s/spouse’s name: