

Minimally Invasive Surgery Symposium (MISS)

February 20-25, 2012

The Grand America Hotel, Salt Lake City, UT

3-5 REGISTRANTS

PLATINUM PASSPORT *(Includes admission to Colon, Foregut, Hernia and Bariatric/Metabolic sessions)*

■ Physicians

\$755 (Until 12/20/11)

_____ X \$755 = \$ _____

\$850 (12/21/11 – 1/28/12)

_____ X \$850 = \$ _____

\$945 (After 1/28/12)

_____ X \$945 = \$ _____

■ Residents/Fellows/Federal Healthcare System

\$450 (Until 12/20/11)

_____ X \$450 = \$ _____

\$545 (12/21/11 – 1/28/12)

_____ X \$545 = \$ _____

\$640 (After 1/28/12)

_____ X \$640 = \$ _____

■ Allied Health Clinicians

\$405 (Until 12/20/11)

_____ X \$405 = \$ _____

\$450 (12/21/11 – 1/28/12)

_____ X \$450 = \$ _____

\$545 (After 1/28/12)

_____ X \$545 = \$ _____

BARIATRIC/METABOLIC *(Includes admission to all Bariatric/Metabolic sessions 2/23 – 2/25)*

■ Physicians

\$565 (Until 12/20/11)

_____ X \$565 = \$ _____

\$660 (12/21/11 – 1/28/12)

_____ X \$660 = \$ _____

\$755 (After 1/28/12)

_____ X \$755 = \$ _____

■ Residents/Fellows/Federal Healthcare System

\$280 (Until 12/20/11)

_____ X \$280 = \$ _____

\$330 (12/21/11 – 1/28/12)

_____ X \$330 = \$ _____

\$470 (After 1/28/12)

_____ X \$470 = \$ _____

■ Allied Health Clinicians

\$145 (Until 12/20/11)

_____ X \$145 = \$ _____

\$185 (12/21/11 – 1/28/12)

_____ X \$185 = \$ _____

\$235 (After 1/28/12)

_____ X \$235 = \$ _____

RETURN THIS FORM TO:

MISS c/o Quadrant HealthCom, Inc., ATTN: Kim Kirchner
455 South 4th St., Suite 650, Louisville, KY 40202
(P) 502-574-9023; (F) 502-589-3602; (E) kkirchner@hqtrs.com

*GROUP REGISTRATIONS MUST BE SUBMITTED TOGETHER FOR GROUP PRICES

Minimally Invasive Surgery Symposium (MISS)

February 20-25, 2012

The Grand America Hotel, Salt Lake City, UT

6-10 REGISTRANTS

PLATINUM PASSPORT *(Includes admission to Colon, Foregut, Hernia and Bariatric/Metabolic sessions)*

■ Physicians

\$715 (Until 12/20/11)

_____ X \$715 = \$ _____

\$805 (12/21/11 – 1/28/12)

_____ X \$805 = \$ _____

\$895 (After 1/28/12)

_____ X \$895 = \$ _____

■ Residents/Fellows/Federal Healthcare System

\$425 (Until 12/20/11)

_____ X \$425 = \$ _____

\$515 (12/21/11 – 1/28/12)

_____ X \$515 = \$ _____

\$595 (After 1/28/12)

_____ X \$595 = \$ _____

■ Allied Health Clinicians

\$380 (Until 12/20/11)

_____ X \$380 = \$ _____

\$425 (12/21/11 – 1/28/12)

_____ X \$425 = \$ _____

\$515 (After 1/28/12)

_____ X \$515 = \$ _____

BARIATRIC/METABOLIC *(Includes admission to all Bariatric/Metabolic sessions 2/23 – 2/25)*

■ Physicians

\$535 (Until 12/20/11)

_____ X \$535 = \$ _____

\$625 (12/21/11 – 1/28/12)

_____ X \$625 = \$ _____

\$715 (After 1/28/12)

_____ X \$715 = \$ _____

■ Residents/Fellows/Federal Healthcare System

\$265 (Until 12/20/11)

_____ X \$265 = \$ _____

\$315 (12/21/11 – 1/28/12)

_____ X \$315 = \$ _____

\$445 (After 1/28/12)

_____ X \$445 = \$ _____

■ Allied Health Clinicians

\$135 (Until 12/20/11)

_____ X \$135 = \$ _____

\$175 (12/21/11 – 1/28/12)

_____ X \$175 = \$ _____

\$225 (After 1/28/12)

_____ X \$225 = \$ _____

RETURN THIS FORM TO:

MISS c/o Quadrant HealthCom, Inc., ATTN: Kim Kirchner
455 South 4th St., Suite 650, Louisville, KY 40202
(P) 502-574-9023; (F) 502-589-3602; (E) kkirchner@hqtrs.com

*GROUP REGISTRATIONS MUST BE SUBMITTED TOGETHER FOR GROUP PRICES

Print additional pages as needed

OPTIONAL WORKSHOPS (additional \$125 per workshop)

First Name:

Last Name:

Bariatric Practice Management: The Roadmap to Performance Improvement

Steven Johnson and Larry Conner, Bariatric & Metabolic Intelligence

- 11 am - 4:30 pm, **Thursday, Feb. 23rd**
- 11 am - 4:30 pm, **Friday Feb. 24th**

\$125

Improve Your Skills: Laparoscopic Suturing

Ninh Nguyen, MD, FACS and Brian Smith, MD, FACS

- 11 am - 1 pm, Thursday, Feb. 23rd

\$125

Improve Your Skills: Interventional Endoscopy

Ninh Nguyen, MD, FACS and Kevin Reavis, MD, FACS

- 1:30 pm - 3:30 pm Thursday, Feb 23rd

\$125

Total Fee for Workshops: _____ **(Number of workshops) x \$125 = \$** _____

RETURN THIS FORM TO:
MISS c/o Quadrant HealthCom, Inc., ATTN: Kim Kirchner
455 South 4th St., Suite 650, Louisville, KY 40202
(P) 502-574-9023; (F) 502-589-3602; (E) kkirchner@hqtrs.com

*GROUP REGISTRATIONS MUST BE SUBMITTED TOGETHER FOR GROUP PRICES

PAYMENT INFORMATION

All fees must be paid in advance and accompany this registration form. Forms received without payment will not be processed. Sorry we cannot bill.

American Express MasterCard Visa

Check Payable to: Quadrant HealthCom / MISS enclosed for: \$ _____
(Federal Tax ID #22-3448361)

Credit card number

Exp. Date

Name on card

Signature

TOTAL REGISTRANTS _____

TOTAL FEES \$ _____

Cancellation policy: Full refund less a \$50 administrative fee as follows: requests for refunds must be made in writing and postmarked, e-mailed, or faxed prior to January 20, 2012. After January 20, 2012 no refunds will be granted. After the refund date, you have two options: you can send someone in your place, or we can mark a credit in the amount you paid to be applied to your registration for next year's conference. Refunds will not be issued to no-shows.

GROUP INFORMATION

Fill out this area if the information is the same for all attendees. If this portion is filled out, you do NOT need to repeat the information for each person. You can skip the gray portions under each individual. If different for an individual, please note under that attendee (see additional pages below).

Practice Name/Affiliation:

Address:

City:

State:

Zip Code:

RETURN THIS FORM TO:
MISS c/o Quadrant HealthCom, Inc., ATTN: Kim Kirchner
455 South 4th St., Suite 650, Louisville, KY 40202
(P) 502-574-9023; (F) 502-589-3602; (E) kkirchner@hqtrs.com

*GROUP REGISTRATIONS MUST BE SUBMITTED TOGETHER FOR GROUP PRICES

Print additional pages as needed

ATTENDEE INFORMATION

First Name: _____ Last Name: _____

Title: MD DO Fellow/Resident NP PA RN Other _____

Practice Name/Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address (for confirmation): _____

Specialty: General Bariatric Colorectal Other _____

Surgical Experience in Years: 0-5 6-10 11-15 16-20 20+

Type of Practice: Office Hospital Research/Academic Other _____

How did you learn about MISS: Brochure by mail Email invitation Ad in journal
 Online banner ad Colleague Other _____

Attendance: First year Returning years _____ Platinum Passport Bariatric/Metabolic

ATTENDEE INFORMATION

First Name: _____ Last Name: _____

Title: MD DO Fellow/Resident NP PA RN Other _____

Practice Name/Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address (for confirmation): _____

Specialty: General Bariatric Colorectal Other _____

Surgical Experience in Years: 0-5 6-10 11-15 16-20 20+

Type of Practice: Office Hospital Research/Academic Other _____

How did you learn about MISS: Brochure by mail Email invitation Ad in journal
 Online banner ad Colleague Other _____

Attendance: First year Returning years _____ Platinum Passport Bariatric/Metabolic

RETURN THIS FORM TO:
MISS c/o Quadrant HealthCom, Inc., ATTN: Kim Kirchner
455 South 4th St., Suite 650, Louisville, KY 40202
(P) 502-574-9023; (F) 502-589-3602; (E) kkirchner@hqtrs.com