

# MISS 2010

Minimally Invasive  
Surgery Symposium

**REGISTER NOW FOR BEST RATES!**
**SAN DIEGO  
MARRIOTT HOTEL  
& MARINA**

**FEBRUARY 22-27, 2010**
**REGISTRATION FORM**

Photocopy for additional registrants

**1. GENERAL INFORMATION**

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

 DEGREE:  MD  DO  RESIDENT  OTHER CLINICIAN

 OTHER, PLEASE SPECIFY \_\_\_\_\_

AFFILIATION (Organization/Institution) \_\_\_\_\_

 STREET ADDRESS (IS THIS YOUR:  HOME  OFFICE) \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

E-MAIL ADDRESS (For registration confirmation) \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

FAX \_\_\_\_\_

**2. PROFILE**
**1. SURGICAL EXPERIENCE IN YEARS:**
 1 to 5  6 to 10  11 to 20  20+

**2. SPECIALTY:**
**3. TYPE OF PRACTICE:**
 SOLO  HOSPITAL  
 PARTNERSHIP (2 physicians)  GROUP (3 physicians or more)  
 OTHER, PLEASE SPECIFY \_\_\_\_\_

**4. HOW MANY SURGICAL PROCEDURES DO YOU PERFORM OR ATTEND IN A TYPICAL WEEK?**

(Including inpatient, ambulatory, and same-day)

 NONE  1 to 5  6 to 10  
 11 to 15  16 to 20  >20

**5. HOW MANY YEARS HAVE YOU ATTENDED MISS?**
 NONE  1 to 4  4 to 8  More than 8

**4. PAYMENT METHOD**

(Your registration cannot be processed without full payment)

 CHECK ENCLOSED CHECK NUMBER \_\_\_\_\_

(Make payable to "Dowden Health Media/MISS 2010")

 CREDIT CARD:  AMEX  VISA  MASTERCARD

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CARDHOLDER NAME (PLEASE PRINT) \_\_\_\_\_

SIGNATURE (REQUIRED) \_\_\_\_\_

**3. REGISTRATION OPTIONS**

(All options include admission to the 2010 MISS Exhibit Hall 2/22- 2/27)

**• PLATINUM PASSPORT**

(Includes admission to Colon, Foregut, Hernia, and Morbid Obesity sessions)

	BEFORE 1/12/10	1/12/10- 1/30/10	AFTER 1/30/10
<input type="checkbox"/> PHYSICIAN	\$795	\$895	\$995
<input type="checkbox"/> FELLOW/RESIDENT	\$425	\$475	\$575
<input type="checkbox"/> HEALTHCARE PRACTITIONER (non-MDs)	\$425	\$475	\$575

**A LA CARTE OPTIONS:**
**• COLON** (Includes admission to all Colon sessions on 2/22 and 2/23)

<input type="checkbox"/> PHYSICIAN	\$325	\$375	\$475
<input type="checkbox"/> FELLOW/RESIDENT	\$185	\$225	\$265
<input type="checkbox"/> HEALTHCARE PRACTITIONER (non-MDs)	\$185	\$225	\$265

**• FOREGUT** (Includes admission to all Foregut sessions on 2/23 and 2/24)

<input type="checkbox"/> PHYSICIAN	\$200	\$250	\$325
<input type="checkbox"/> FELLOW/RESIDENT	\$125	\$150	\$200
<input type="checkbox"/> HEALTHCARE PRACTITIONER (non-MDs)	\$125	\$150	\$200

**• HERNIA** (Includes admission to all Hernia sessions on 2/24)

<input type="checkbox"/> PHYSICIAN	\$200	\$250	\$325
<input type="checkbox"/> FELLOW/RESIDENT	\$125	\$150	\$200
<input type="checkbox"/> HEALTHCARE PRACTITIONER (non-MDs)	\$125	\$150	\$200

**• MORBID OBESITY**

(Includes admission to Morbid Obesity sessions on 2/25-2/27)

<input type="checkbox"/> PHYSICIAN	\$595	\$695	\$795
<input type="checkbox"/> FELLOW/RESIDENT	\$250	\$295	\$350
<input type="checkbox"/> HEALTHCARE PRACTITIONER (non-MDs)	\$129	\$150	\$195
<b>• NON-EXHIBITING MEDICAL DEVICE COMPANIES/PHARMACEUTICAL CONSULTING COMPANIES</b>	\$4,950	\$5,500	\$7,500

 TOTAL REGISTRATION FEE: \$ \_\_\_\_\_

**FOUR WAYS TO REGISTER**
**ONLINE:** [www.miss-cme.org](http://www.miss-cme.org)
**FAX:** (502) 574-9965

**PHONE:** (502) 574-9023

**MAIL:** Kim Kirchner, Registration Coordinator  
 Lebhar-Friedman, Inc. / Dowden Health Media  
 455 South Fourth St., Suite 650  
 Louisville, KY 40202

**Cancellation Policy:** 2010 MISS will offer a full refund less a \$50 administrative fee, as follows: Requests for refunds must be made in writing postmarked, e-mailed, or faxed prior to January 8, 2010. After January 8, 2010 no refunds will be granted. Substitutions are welcome in lieu of cancellations. Refunds will not be issued to no-show registrants.