

Minimally Invasive Surgery Symposium (MISS)

February 21-26, 2011

The Grand America Hotel, Salt Lake City, UT

SINGLE REGISTRANT

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

- Physicians
 - \$795 (Until 12/17/10) \$895 (12/18/10 – 1/28/11) \$995 (After 1/28/11)
- Fellows/Residents
 - \$475 (Until 12/17/10) \$575 (12/18/10 – 1/28/11) \$675 (After 1/28/11)
- Allied Health Clinicians
 - \$425 (Until 12/17/10) \$475 (12/18/10 – 1/28/11) \$575 (After 1/28/11)

MORBID OBESITY *(Includes admission to all Morbid Obesity sessions 2/24 – 2/26)*

- Physicians
 - \$595 (Until 12/17/10) \$695 (12/18/10 – 1/28/11) \$795 (After 1/28/11)
- Fellows/Residents
 - \$295 (Until 12/17/10) \$350 (12/18/10 – 1/28/11) \$495 (After 1/28/11)
- Allied Health Clinicians
 - \$150 (Until 12/17/10) \$195 (12/18/10 – 1/28/11) \$250 (After 1/28/11)

3-5 REGISTRANTS

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

- Physicians
 - \$755 (Until 12/17/10) \$850 (12/18/10 – 1/28/11) \$945 (After 1/28/11)
_____ X \$755 = \$ _____ _____ X \$850 = \$ _____ _____ X \$945 = \$ _____
- Fellows/Residents
 - \$450 (Until 12/17/10) \$545 (12/18/10 – 1/28/11) \$640 (After 1/28/11)
_____ X \$450 = \$ _____ _____ X \$545 = \$ _____ _____ X \$640 = \$ _____
- Allied Health Clinicians
 - \$405 (Until 12/17/10) \$450 (12/18/10 – 1/28/11) \$545 (After 1/28/11)
_____ X \$405 = \$ _____ _____ X \$450 = \$ _____ _____ X \$545 = \$ _____

MORBID OBESITY *(Includes admission to all Morbid Obesity sessions 2/24 – 2/26)*

- Physicians
 - \$565 (Until 12/17/10) \$660 (12/18/10 – 1/28/11) \$755 (After 1/28/11)
_____ X \$565 = \$ _____ _____ X \$660 = \$ _____ _____ X \$755 = \$ _____
- Fellows/Residents
 - \$280 (Until 12/17/10) \$330 (12/18/10 – 1/28/11) \$470 (After 1/28/11)
_____ X \$280 = \$ _____ _____ X \$330 = \$ _____ _____ X \$470 = \$ _____
- Allied Health Clinicians
 - \$145 (Until 12/17/10) \$185 (12/18/10 – 1/28/11) \$235 (After 1/28/11)
_____ X \$145 = \$ _____ _____ X \$185 = \$ _____ _____ 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) 502-574-9965; (E) kkirchner@hqtrs.com

6-10 REGISTRANTS

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

■ Physicians

\$715 (Until 12/17/10)
_____ X \$715 = \$ _____

\$805 (12/18/10 – 1/28/11)
_____ X \$805 = \$ _____

\$895 (After 1/28/11)
_____ X \$895 = \$ _____

■ Fellows/Residents

\$425 (Until 12/17/10)
_____ X \$425 = \$ _____

\$515 (12/18/10 – 1/28/11)
_____ X \$515 = \$ _____

\$595 (After 1/28/11)
_____ X \$595 = \$ _____

■ Allied Health Clinicians

\$380 (Until 12/17/10)
_____ X \$380 = \$ _____

\$425 (12/18/10 – 1/28/11)
_____ X \$425 = \$ _____

\$515 (After 1/28/11)
_____ X \$515 = \$ _____

MORBID OBESITY *(Includes admission to all Morbid Obesity sessions 2/24 – 2/26)*

■ Physicians

\$535 (Until 12/17/10)
_____ X \$535 = \$ _____

\$625 (12/18/10 – 1/28/11)
_____ X \$625 = \$ _____

\$715 (After 1/28/11)
_____ X \$715 = \$ _____

■ Fellows/Residents

\$265 (Until 12/17/10)
_____ X \$265 = \$ _____

\$315 (12/18/10 – 1/28/11)
_____ X \$315 = \$ _____

\$445 (After 1/28/11)
_____ X \$445 = \$ _____

■ Allied Health Clinicians

\$135 (Until 12/17/10)
_____ X \$135 = \$ _____

\$175 (12/18/10 – 1/28/11)
_____ X \$175 = \$ _____

\$225 (After 1/28/11)
_____ X \$225 = \$ _____

TOTAL REGISTRANTS _____

TOTAL FEES \$ _____

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: QHC / MISS enclosed for: \$ _____
(Federal Tax ID #22-3448361)

Credit card number _____

Exp. Date _____

Name on card _____

Signature _____

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).

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Practice Name/Affiliation:

Address:

City:

State:

Zip Code:

ATTENDEE #1 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 _____

ATTENDEE #2 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+

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 Colleague Other _____

Attendance: First year Returning years _____

ATTENDEE #3 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 _____

ATTENDEE #4 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 _____

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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 _____

ATTENDEE #5 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 _____

ATTENDEE #6 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): _____

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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:
banner ad Brochure by mail Email invitation Ad in journal Online
 Colleague Other _____

Attendance: First year Returning years _____

ATTENDEE #7 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:
banner ad Brochure by mail Email invitation Ad in journal Online
 Colleague Other _____

Attendance: First year Returning years _____

ATTENDEE #8 INFORMATION

First Name: _____ Last Name: _____

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

Practice Name/Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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Phone:

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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 _____

ATTENDEE #9 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 _____

ATTENDEE #10 INFORMATION

First Name:

Last Name:

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

Practice Name/Affiliation:

Address:

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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 _____

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Attendance: First year Returning years _____

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