

# MISS<sup>2012</sup>

## Minimally Invasive Surgery Symposium

### 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/COUNTRY \_\_\_\_\_

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+  Resident  Non-surgeon

##### 2. SPECIALTY:

GENERAL  BARIATRIC  COLORECTAL  OTHER

##### 3. TYPE OF PRACTICE:

SOLO  HOSPITAL  
 PARTNERSHIP (2 physicians)  GROUP (3 physicians or more)  
 U.S. MILITARY  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 "Quadrant HealthCom/MISS 2012")

CREDIT CARD:  AMEX  VISA  MASTERCARD

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

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

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

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

REGISTER NOW FOR BEST RATES!

THE GRAND AMERICA HOTEL

SALT LAKE CITY, UTAH

FEBRUARY 20-25, 2012



#### 3. GENERAL SESSIONS REGISTRATION OPTIONS

(All options include admission to the 2012 MISS Exhibit Hall 2/20-2/24)

• **PLATINUM PASSPORT** (Includes admission to all Colon, Foregut, Hernia, and Bariatric/Metabolic General Sessions)

|  | Until<br>12/20/11 | 12/21/11-<br>1/28/12 | AFTER<br>1/28/12 |
|--|-------------------|----------------------|------------------|
| <input type="checkbox"/> PHYSICIAN                             | \$795             | \$895                | \$995            |
| <input type="checkbox"/> FELLOW/RESIDENT/FEDERAL HEALTH SYSTEM | \$475             | \$575                | \$675            |
| <input type="checkbox"/> HEALTHCARE PRACTITIONER (non-MDs)     | \$425             | \$475                | \$575            |

##### A LA CARTE OPTIONS:

• **COLON** (Includes admission to all colon general sessions on 2/20 and 2/21)

|  |       |       |       |
|--|-------|-------|-------|
| <input type="checkbox"/> PHYSICIAN                             | \$345 | \$395 | \$495 |
| <input type="checkbox"/> FELLOW/RESIDENT/FEDERAL HEALTH SYSTEM | \$225 | \$265 | \$365 |
| <input type="checkbox"/> HEALTHCARE PRACTITIONER (non-MDs)     | \$185 | \$225 | \$265 |

• **FOREGUT** (Includes admission to all foregut general sessions on 2/21 and 2/22)

|  |       |       |       |
|--|-------|-------|-------|
| <input type="checkbox"/> PHYSICIAN                             | \$225 | \$275 | \$345 |
| <input type="checkbox"/> FELLOW/RESIDENT/FEDERAL HEALTH SYSTEM | \$150 | \$200 | \$245 |
| <input type="checkbox"/> HEALTHCARE PRACTITIONER (non-MDs)     | \$125 | \$150 | \$200 |

• **HERNIA** (Includes admission to all hernia general sessions on 2/22)

|  |       |       |       |
|--|-------|-------|-------|
| <input type="checkbox"/> PHYSICIAN                             | \$225 | \$275 | \$345 |
| <input type="checkbox"/> FELLOW/RESIDENT/FEDERAL HEALTH SYSTEM | \$150 | \$200 | \$245 |
| <input type="checkbox"/> HEALTHCARE PRACTITIONER (non-MDs)     | \$125 | \$150 | \$200 |

• **BARIATRIC/METABOLIC** (Includes admission to bariatric/metabolic general sessions on 2/23-2/25)

|  |       |       |       |
|--|-------|-------|-------|
| <input type="checkbox"/> PHYSICIAN                             | \$645 | \$745 | \$845 |
| <input type="checkbox"/> FELLOW/RESIDENT/FEDERAL HEALTH SYSTEM | \$395 | \$450 | \$595 |
| <input type="checkbox"/> HEALTHCARE PRACTITIONER (non-MDs)     | \$195 | \$295 | \$395 |

• **NON-EXHIBITING MEDICAL DEVICE COMPANIES/PHARMACEUTICAL CONSULTING COMPANIES**

|  |         |         |         |
|--|---------|---------|---------|
|  | \$4,950 | \$5,500 | \$7,500 |
|--|---------|---------|---------|

#### OPTIONAL WORKSHOPS (Additional \$125 per workshop)

**BARIATRIC PRACTICE MANAGEMENT: THE ROADMAP TO PERFORMANCE IMPROVEMENT**

Steven Johnson and Larry Conner, Bariatric & Metabolic Intelligence

11:00 am – 4:30 pm, Thursday, Feb. 23 or Friday Feb. 24, 2012

Please indicate which day you prefer to attend:  Thursday  Friday

**IMPROVE YOUR SKILLS: LAPAROSCOPIC SUTURING**

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

11:00 am – 1:00 pm, Thursday, Feb. 23, 2012

**IMPROVE YOUR SKILLS: INTERVENTIONAL ENDOSCOPY**

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

1:30 pm – 3:30 pm, Thursday, February 23, 2012

TOTAL REGISTRATION FEE = general sessions + optional workshops (if any) \$ \_\_\_\_\_

#### FOUR WAYS TO REGISTER

ONLINE: [www.miss-cme.org](http://www.miss-cme.org)

FAX: (502)589-3602 PHONE: (502) 574-9023

MAIL: Kim Kirchner, Registration Coordinator, c/o Quadrant HealthCom Inc.  
 455 South Fourth St., Suite 650, Louisville, KY 40202

**Cancellation Policy:** 2012 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 20, 2012. No refunds will be granted after January 20, 2012. Substitutions are welcome in lieu of cancellations. Refunds will not be issued to no-show registrants.

**Winter advisory:** MISS takes place during the region's prime winter week. You are encouraged to make your hotel and travel arrangements as early as possible to assure availability of hotel rooms, flights, and other transportation.