



CHINA 2009 Registration Form

GENERAL INFORMATION:

Dr. _____ Date of Birth (mm/dd/yyyy) _____ Shirt Size (S, M, L, XL) _____
First Name Surname (complete name as it appears on your passport)

Professional Degree: _____

Would you like designations to appear on your name badge? Yes No Clinic Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____ E-mail: _____

Telephone Bus.:(____) _____ Telephone Home:(____) _____ Fax: :(____) _____

Partner Program: Yes No Partner Name: Dr. Mr. Mrs. Ms. _____ Shirt Size (S, M, L, XL)

Will you be traveling with any other family or friends? Yes No If yes, how many? _____

REGISTRATION RATES (circle your choice):

April 4-19, 2009

FREE AIR****

Destination: China
Conference: Pain Management Update 2009

Accommodation Rates:*	Delegate	Companion
Deluxe	\$14999	FREE
Suites	\$16499	FREE
Jade Suite	SOLD OUT	FREE
Imperial Suite	SOLD OUT	FREE
3 rd /4 th guest in stateroom	Please Call	

CME Fee:**

Delegate \$1795
Partner Program \$995

Cruise Taxes/Gratuities:

Per person \$585
Fuel Surcharge per person \$1176

Payment Information:

Full Payment as of Oct 3rd

Low Air Add-ons Low air add-ons from the rest of the country will be available

*Stateroom prices include all on board accommodation, meals, activities and events and shore excursions as described. For the land portion, all hotels/meals/flights/transfers/tours are included where specified

**CME Fees subject to 5% GST at time of the Final Payment.

***Refundable up to 180 days prior to departure (for China)

****From West Coast Gateways (for China)

Final Payment is due December 1, 2008 (for China)

All funds stated in USD.

CMEatSEA reserves the right to change or cancel course content, speaker or topics for cause.

We cannot invoice for payment. Registration will not be completed without payment.

Payment Method

Visa MasterCard Cheque (Payable to Cruise Connections Canada)

TOTAL DEPOSIT _____

I hereby authorize Cruise Connections Canada on behalf of CMEatSEA to charge the credit card provided for the fee indicated. I am aware that all charges are subject to applicable taxes.

Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____