

# CAMS 50<sup>th</sup> Annual Scientific Conference

Saturday November 2, 2013 | Pier 60 at Chelsea Piers, New York, NY



M.D.  D.O.  P.A.  M.P.H.  R.N.  N.P.  OTHER \_\_\_\_\_

Last Name:

First Name:

Mailing Address:

City/State/Zip:

Phone:

Fax:

Preferred Contact Email:

Specialty :

Affiliation (Hospital, School or Business):

*Registration is required for all participants. Participants must also register in person the day of the event and complete an evaluation form in order to receive CME credit from our accreditation provider.*

Please check all that apply:

- CAIPA Member -FREE     CAMS Member \$75     Non-CAMS Member \$150     Student-FREE  
 Resident or Fellow \$25     Nurse \$25

Please check all that apply:

- I will be joining for lunch on 11/02/2013  
 I would like to register for the BCLS Breakout Session (*Pre-Registration is required to attend this session*) \$50

Meeting Registration Fee \$ \_\_\_\_\_

BCLS Registration Fee \$ \_\_\_\_\_

I am unable to attend, but wish to make a contribution \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

**The deadline for meeting registration is October 15, 2013**

My payment in the amount of \$ \_\_\_\_\_ is enclosed. *Please make all checks payable to: Chinese American Medical Society*

Please charge my:



Please print card number: \_\_\_\_\_

Card Expiration Date (MO/YR): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Mail to:**

CAMS Annual Meeting  
41 Elizabeth Street, Suite 600, New York, NY 10013

**Registration Forms can be fax to:**

646.304.6373

**If you have any questions please contact our office at:**

212.334.4760