

Registration for the FCMS 16<sup>th</sup> Conference on Health Care of the Chinese in North America/  
CAMS 49<sup>th</sup> Annual Scientific Conference  
Saturday November 10-Sunday November 11, 2012  
*A Symposium on Health Disparities in Chinese, 2012: From Bench to Bedside*

M.D.    D.O.    Ph.D.    R.N.    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.*

*For hotel, meeting venue information, driving directions, and parking information please visit our website at <http://camsociety.org>*

*Please check all that apply:*

- CAMS Member     Non-CAMS Member\*     Student     Resident or Fellow     Nurse
- FCMS Organization \$60 \_\_\_\_\_ (please specify organization)
- Non-Member Conference Registration Fee: \$100\*

*\*No registration fee is required for CAMS members, nurses, residents, fellows, and students. The registration fee includes breakfast & lunch for 11/10/2012 & breakfast for 11/11/2012, and a USB drive with the meeting's proceedings.*

*Please check all that apply:*

I am registering for     Saturday 11/10/2012     Sunday 11/11/2012     I will be joining for lunch on 11/10/2012

*\* There is an additional \$25 door registration fee for all attendees that do not pre-register for the event.*

Yes, I would like to purchase a printed copy of the meeting's proceedings for \$25

Non-Member Meeting Registration    \$ \_\_\_\_\_

Printed Proceeding    \$ \_\_\_\_\_

I am unable to attend, but wish to contribute    \$ \_\_\_\_\_

**Total Enclosed:**    \$ \_\_\_\_\_

Please charge my:

**VISA**          

Please print card number:    □□□□ □□□□ □□□□ □□□□

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

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

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

**The deadline for meeting registration is October 15, 2012**

**Please make all checks out to:** Chinese American Medical Society

**Mail to:** 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**

*All sales are final. Printed copies of the meeting's proceedings are not guaranteed without payment.*