



CAMS 54TH ANNUAL SCIENTIFIC CONFERENCE

SATURDAY, NOVEMBER 4, 2017 | 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:

CELLPHONE*:

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 online evaluation in order to receive CME credit from our accreditation provider.

**Required for CME **Please provide a valid e-mail address. Your meeting registration ticket will be sent to you by e-mail.*

REGISTRATION TYPE:

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

*CAIPA Member's Registration Fee to be covered by CAIPA. Your CAMS Membership must be in good standing in order to qualify.

** Senior Members are active members of the Society who no longer engage in active clinical or academic work. No CME will be provided.

PLEASE CHECK ALL THAT APPLY:

- I will be joining for lunch on 11/04/2017
- Meeting Registration Fee
- I am unable to attend, but wish to make a contribution

\$ _____

\$ _____

\$ _____

Total Due:

THE DEADLINE FOR MEETING REGISTRATION IS OCTOBER 15, 2017

- My payment in the amount of \$ _____ is enclosed.

Please make all checks payable to: Chinese American Medical Society

PLEASE CHARGE MY:



Name On Card: _____

Card number: _____

Card Expiration Date (MO/YR): _____ / _____

Billing Zip Code: _____ Security Code: _____

Authorized Signature: _____

MAIL TO:
 CAMS Annual Meeting
 265 Canal Street, Suite 515, New York, NY 10013

REGISTRATION FORMS CAN BE FAXED TO:
 646.304.6373

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR OFFICE
 AT: 212.334.4760

