



CONFERENCE REGISTRATION
13 - 15 MARCH 2008

RENAISSANCE HOLLYWOOD HOTEL ♦ LOS ANGELES, CA

NAME (as it is to appear on your name badge)	TITLE/DEGREE

POSITION (if applicable)	SPECIALTY (required for MDs)

AFFILIATION/INSTITUTION

STREET ADDRESS

CITY	STATE/PROV	ZIP CODE

COUNTRY

PHONE	EXTENSION	FAX (required for registration confirmation)

EMAIL (required for registration confirmation)

REGISTRATION FEES

	BEFORE AUG 31	BEFORE NOV 5	BEFORE FEB 25	AFTER FEB 25 & ONSITE
MDs/DOs/DPMs	<input type="checkbox"/> \$525	<input type="checkbox"/> \$575	<input type="checkbox"/> \$625	<input type="checkbox"/> \$700
RNs/CDEs/PTs/Allied Health Professionals	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525	<input type="checkbox"/> \$575
Residents	<input type="checkbox"/> \$250			
Industry	<input type="checkbox"/> \$700			
Physicians One Day	<input type="checkbox"/> \$325			
Nurses One Day	<input type="checkbox"/> \$225			

- REGISTRATION** ♦ Tuition ♦ Online Course Materials ♦ CMEs ♦ Five Refreshment Breaks
INCLUDES ♦ Welcome to Hollywood Reception & Dinner ♦ Two Wolfgang Puck Breakfasts & Lunches

GUEST FEES

Companion \$100 Includes Welcome to Hollywood Reception & Dinner with Open Bar, All Conference Meals - Two Breakfasts & Lunches catered by Wolfgang Puck, Five Refreshment Breaks and Access to Exhibits

Reception \$50 Includes Welcome to Hollywood Reception & Dinner with Open Bar
 Guest Name _____

REFUND POLICY Cancellations made in writing and postmarked by January 14 will receive a refund less a \$100 administrative fee • Cancellations made in writing between January 14 and postmarked by February 11 will receive a 50% refund • No refunds after February 11, 2008 • No refunds for "no-shows".

Certificates of Attendance will be issued on-site. Duplicate certificates after the conference...\$50

PAYMENT METHOD

Enclosed is a check in the amount of \$ _____ (Please make checks payable to Providence Saint Joseph Medical Center)
 Wire Payments add \$25.00 for bank charges
 Charge my credit card the amount of \$ _____ Visa MasterCard American Express
 Card# _____ Expiration Date ____/____/____
 Cardholder's Name (please print) _____ Signature _____

YOU WILL RECEIVE A CONFIRMATION OF YOUR REGISTRATION
MAIL TO: DF CON • 1018 HARDING STRET • SUITE 207 • LAFAYETTE, LA 70503 • USA
FOR REGISTRATION: FAX: 888.745.8757 • **TEL:** 866.812.3797 • registration@dfcon.com • www.dfcon.com
CONFERENCE HEADQUARTERS: TEL: 337.235.6606 • FAX: 337.235.7300 • conference@dfcon.com

CONFERENCE HOTEL • RENAISSANCE HOLLYWOOD HOTEL

1755 N. Highland Avenue • Los Angeles, CA 90028 • Reservations 800-468-3571 • 323-856-1200 • FAX: 323-491-1343

DF Con Room Rate: Standard Single or Double—\$209

Please make your room reservation NOW and refer to DF Con

Make your room reservation now! When reserving your room refer to DF Con for discounted conference rate