

# Minimally Invasive Surgery Symposium (MISS)

February 26 – March 1, 2014  
Venetian/Palazzo, Las Vegas, NV

The prices below are for your reference. Please indicate in payment section when completing registration form on next page.

<b>SINGLE REGISTRANT</b>		
<b>Platinum</b> (Includes all Colon, Hernia, Foregut, and Metabolic/bariatric sessions)	<b>Dec 21 – Jan 31</b>	<b>After Jan 31</b>
Physicians	\$795	\$995
Residents / Fellows	\$645	\$745
Allied Health	\$575	\$675
<b>Metabolic / Bariatric / Hernia / Foregut</b> <b>OR</b> <b>Colon / Hernia / Foregut</b>	<b>Dec 21 – Jan 31</b>	<b>After Jan 31</b>
Physicians	\$695	\$895
Residents / Fellows	\$545	\$645
Allied Health	\$445	\$545
<b>2 - 3 REGISTRANTS</b>		
<b>Platinum</b> (Includes all Colon, Hernia, Foregut, and Metabolic/bariatric sessions)	<b>Dec 21 – Jan 31</b>	<b>After Jan 31</b>
Physicians	\$650	\$845
Residents / Fellows	\$545	\$645
Allied Health	\$450	\$545
<b>Metabolic / Bariatric / Hernia / Foregut</b> <b>OR</b> <b>Colon / Hernia / Foregut</b>	<b>Dec 21 – Jan 31</b>	<b>After Jan 31</b>
Physicians	\$560	\$755
Residents / Fellows	\$445	\$545
Allied Health	\$345	\$445
<b>4 OR MORE REGISTRANTS</b>		
<b>Platinum</b> (Includes all Colon, Hernia, Foregut, and Metabolic/bariatric sessions)	<b>Dec 21 – Jan 31</b>	<b>After Jan 31</b>
Physicians	\$550	\$795
Residents / Fellows	\$415	\$595
Allied Health	\$325	\$415
<b>Metabolic / Bariatric / Hernia / Foregut</b> <b>OR</b> <b>Colon / Hernia / Foregut</b>	<b>Dec 21 – Jan 31</b>	<b>After Jan 31</b>
Physicians	\$445	\$615
Residents / Fellows	\$315	\$445
Allied Health	\$275	\$325
<b>WORKSHOPS</b> (optional)		
<b>Laparoscopic Suturing</b>	<b>Dec 21 – Jan 31</b>	<b>After Jan 31</b>
8:15 am – 10:15 am, Wednesday, February 26, 2014	<b>SOLD OUT</b>	<b>SOLD OUT</b>
<b>Interventional Endoscopy</b>	<b>Dec 21 – Jan 31</b>	<b>After Jan 31</b>
10:45 am – 12:45 pm, Wednesday, February 26, 2014	<b>SOLD OUT</b>	<b>SOLD OUT</b>
<b>Bariatric Practice Management</b>	<b>Dec 21 – Jan 31</b>	<b>After Jan 31</b>
1:00 pm – 6:00 pm, Saturday, March 1, 2014	\$150	\$195

**NOTE: Group registrations MUST be submitted together for group prices.**

**Cancellation policy:** Full refund less a \$50 administrative fee as follows: requests for refunds must be made in writing and postmarked, e-mailed, or faxed prior to February 8, 2014. After February 8, 2014 no refunds will be granted. After the refund date, you have two options: you can send someone in your place, or we can mark a credit in the amount you paid to be applied to your registration for next year's conference. Refunds will not be issued to no-show.

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Please print additional pages as needed.

## REGISTRANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title:  MD  DO  Resident  Fellow  NP  PA  RN  Other \_\_\_\_\_

Practice Name/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address (for confirmation): \_\_\_\_\_

Specialty:  General  Bariatric  Colorectal  Other \_\_\_\_\_

Surgical Experience in Years:  0-5  6-10  11-15  16-20  20+

Type of Practice:  Office  Hospital  Research/Academic  Other \_\_\_\_\_

How did you learn about MISS:  Brochure by mail  Email invitation  Ad in journal  
 Online banner ad  Colleague  Other \_\_\_\_\_

Attendance:  First year  Returning years \_\_\_\_\_

## REGISTRATION OPTION (Please check options below & note prices from attached page)

- Platinum
- Metabolic / Bariatric / Hernia / Foregut
- Colon / Hernia / Foregut
- Workshops (optional)
- Interventional Endoscopy  Laparoscopic Suturing  Bariatric Practice Management

TOTAL PRICE \$ \_\_\_\_\_

## PAYMENT INFORMATION

All fees must be paid in advance and accompany this registration form. Forms received without payment will not be processed. Sorry we cannot bill.  
(Federal Tax ID #22-3448361). NOTE: Group registrations MUST be submitted together for group prices.

- Individual registration, please charge card below
- Part of group, please charge card below  Part of group, please charge entire group to same card

Additional Info / Instructions: \_\_\_\_\_

- AMEX  MasterCard  Visa  Check enclosed. Payable to:  
Global Academy for Medical Education (GAME) / MISS
- Credit card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

RETURN THIS FORM TO:  
MISS c/o Global Academy for Medical Education, ATTN: Kim Kirchner  
455 South 4<sup>th</sup> St., Suite 650, Louisville, KY 40202  
(P) 502-574-9023; (F) 502-589-3602; (E) kkirchner@hqtrs.com