



CONFERENCE REGISTRATION
15 - 17 MARCH 2012

RENAISSANCE HOLLYWOOD HOTEL ♦ LOS ANGELES, CA

PLEASE PRINT

NAME _____

POSITION _____ TITLE/DEGREE _____

SPECIALTY: Endocrinology Family Practice General Practice General Surgery Internal Medicine Orthopaedics Podiatry Vascular Surgery
 Wound Care/HBO Other _____

AFFILIATION/INSTITUTION _____

STREET ADDRESS _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROV _____ ZIP CODE _____

COUNTRY _____ PHONE _____

EMAIL (required for confirmation) _____

REGISTRATION FEES

	FROM AUG 1 TO NOV 17	FROM NOV 18 TO DEC 31	FROM JAN 1 TO MAR 1	FROM MAR 2 & ONSITE
MDs/DOs/DPMs	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
RNs/Allied Health Professionals	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
Residents/Students	<input type="checkbox"/> \$250			
Industry	<input type="checkbox"/> \$750			
MDs/DOs/DPMs—One Day	<input type="checkbox"/> \$350	Check One:	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri. <input type="checkbox"/> Sat.
RNs/Allied Health Professionals—One Day	<input type="checkbox"/> \$275	Check One:	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri. <input type="checkbox"/> Sat.

REGISTRATION INCLUDES

- ♦ Tuition ♦ Online Course Webcast ♦ CMEs ♦ Five Refreshment Breaks
- ♦ Welcome to Hollywood Reception & Dinner ♦ Two Wolfgang Puck Breakfasts & Lunches
- ♦ Wednesday Registration includes Breakfast, Lunch, & Two Breaks

GUEST FEES

Companion \$100 Includes Welcome to Hollywood Reception 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 with Open Bar

Guest Name _____

CANCELLATION POLICY *If your registration must be cancelled, the course fee less \$150 administrative costs will be refunded if we are notified in writing by January 31, 2012. After January 31, 2012, no refunds will be given.*

PAYMENT METHOD

Enclosed is a check in the amount of \$ _____ (Please make checks payable to Valley Presbyterian Hospital)

Charge my credit card the amount of \$ _____ Visa MasterCard American Express Discover

Card# _____ Expiration Date ____/____ Security Code # _____

Cardholder's Name (please print) _____ Signature _____

Online Registration at: www.DFCon.com

MAIL TO: DFCON CONFERENCE HEADQUARTERS: 1018 HARDING STREET • SUITE 207 • LAFAYETTE, LA 70503 • USA

TEL: 337.235.6606 • FAX: 337.235.7300 • registration@dfcon.com

YOU WILL RECEIVE A CONFIRMATION OF YOUR REGISTRATION

CONFERENCE HOTEL • RENAISSANCE HOLLYWOOD HOTEL

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

DFCon Room Rate: Standard Single or Double—\$226

Please make your room reservation NOW and refer to DFCon.