



CONFERENCE REGISTRATION
24 - 26 MARCH 2011

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									
EMAIL (required for registration confirmation)																								

REGISTRATION FEES

	FROM JUNE 1 TO AUG 18	FROM AUG 19 TO OCT 28	FROM OCT 29 TO DEC 31	FROM JAN 1 TO FEB 3	FROM FEB 4 TO MAR 7	AFTER MAR 7 & ONSITE
MDs/DOs/DPMs	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650	<input type="checkbox"/> \$700	<input type="checkbox"/> \$750
RNs/Allied Health Professionals	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<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"/> Wed. <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"/> Wed. <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 & 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 _____

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 February 8, 2011. After February 8, 2011, 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: DF CON 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
 DF Con Room Rate: Standard Single or Double—\$226
 Please make your room reservation NOW and refer to DF Con.