

REGISTRATION FORMChicago, Illinois USA
www.caos-international.org/2004**CAOS-International 2004 Conference**

June 16-19, 2004

To ensure your registration, please complete all sections below:

PLEASE PRINT CLEARLY

 Dr. Mr. Ms.

First Name _____ First Name on Nametag _____

Last Name _____

Degree - M.D./Ph.D./Other _____ Position/Title _____

Institute/Organization _____

Department _____ Division _____

Business Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

☎ Telephone _____ Fax _____

E-mail _____

If you require special arrangements, please indicate your request below

 Dietary: _____ Physical: _____

Registration payment, in U.S. Dollars only, is due upon submission of registration. The registration fee includes softbound conference proceedings, welcome reception, breaks, banquet, and a 20% non-refundable cancellation fee. All requests for refunds must be received in writing no later than May 24, 2004, and will be assessed a 20% cancellation fee. No refunds will be made after that date. A \$50.00 fee will be charged for all substitutions.

REGISTRATION	Received On/Before 05-14-04	Received After 05-14-04	
Physician/Researcher-ICAOS Member	<input type="checkbox"/> \$500	<input type="checkbox"/> \$650	\$ _____
Physician/Researcher-ICAOS Non-Member ¹	<input type="checkbox"/> \$700	<input type="checkbox"/> \$850	\$ _____
Presenters	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	\$ _____
Resident/Fellows/ Students ²	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	\$ _____
Allied Health Professionals ³	<input type="checkbox"/> \$250	<input type="checkbox"/> \$400	\$ _____
Commercial Representatives	<input type="checkbox"/> \$750	<input type="checkbox"/> \$900	\$ _____

¹ Includes one year membership to ICAOS² with letter from department head or residency coordinator³ Nurses, PA's, Tech's, Operating Room Professionals**Guest Tickets**

Additional Aquarium Banquet Tickets (_____ @ \$ 80.00 each) \$ _____

ADDITIONAL Conference Proceedings \$60.00(each) \$ _____
(Your registration fee includes 1 Proceeding) (Does not include shipping)**GRAND TOTAL** \$ _____**FORM OF PAYMENT (U.S. Dollars only)** Bankwire transfer: (bankwire transfer information will be sent to you upon receipt of this form) Check or Money Order Credit Card MasterCard Visa Expiration Date ____ / ____ (MM/YY)

Card Number _____ Name on card _____

Vcode (a 3 digit # on the signature line of your card) _____

Billing Address _____

City _____ State/Province _____

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Cardholder's Signature _____

If you prefer to pay by check or money order, please complete and mail this form with your check or money order payable to: **CAOS -International 2004 Conference, c/o PMMI,**
2320 6th Avenue, San Diego, CA 92101-1643, USA ☎ 1-619-232-9499 or Fax: 1-619-232-0799