



Annual Meeting Registration Form

**The Grand Wailea, Maui, Hawaii
 October 25 – 28, 2009
 (Sunday, Monday, Tuesday & Wednesday)**

ATTENDEE INFORMATION (Please Print or Type)

Deadline Friday, September 4, 2009

First Name:		Last Name:		
Badge Name:		ACOG #		M.D. / D.O. / R.N.
Address:				
City:		State:		Zip:
Telephone:		Email:		
DATE/EVENT	TIME	Cost Per Person	# of Persons	TOTAL*
Sunday, Oct. 25, 2009 Welcome Reception	6:00-9:00 p.m.	Covered in Registration Fee		***
Monday, October 26, 2009 Spouse/Guest Breakfast/Tour	8:30 – 10:00 a.m.	Covered in Registration Fee		***
Monday, October 26, 2009 Luncheon – All Registrants “The History of Hawaiian Medicine” - Dr. Ralph Hale	12:30-2:00 p.m.	Covered in Registration Fee		***
Tuesday, Oct. 27, 2009 Reception /Dinner /Luau	6:30 – 11:00 p.m.	Covered in Registration Fee		***
REGISTRATION FEE	Practicing Physician	\$700		
	Retired Physician	\$525		
	Residents/Nurses	\$425		
*NOTE: All Fees in U.S. Dollars	Spouse/Guests ** (includes teenagers)	\$275		
“PLEASE MAKE A COPY OF THIS FORM FOR YOUR FILES”			Grand Total Enclosed	

Complete and Return As Soon As Possible.

****Spouse/Guests Registration Fee:**

The \$275 spouse/guests/teenager registration fee includes Welcome Reception (Sunday), Breakfast and Lunch (both Monday) and the Reception and Dinner Dance (Tuesday). Registered spouse/guests/teenagers will receive a CAOG name badge. Children 12 years and under are not required to pay a fee but will receive a CAOG name badge. Parents will be responsible for children at all times. Please note: This registration fee represents a great value given the added expense of food in Hawaii.

Names of Spouse/Guests/Teenagers	Names of Children 12 and Under
1.	1.
2.	2.
3.	3.

Payment Information

Payment must be received in full to process your registration. Payment can only be in the form of a check, Visa, MasterCard or AMEX. For questions about registration call 701-838-8323 (Rochelle).

<input type="checkbox"/> Check (payable to CAOG)
Check #
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Exp. Date: / /
Credit Card #
SIGNATURE: _____ (signature above hereby authorizes this transaction)

Cut-Off Date:

Your registration form must be received by CAOG no later than Friday, September 4, 2009. Please call if you experience any last minute problems.

Cancellation Policy:

Written cancellation must be received prior to Friday, September 18, 2009. A \$50 administrative fee will be assessed. No refunds will be issued after the September 18, 2009 cancellation date.

Confirmation:

Registrants will receive written confirmation with final details 3 – 4 weeks prior to the meeting.

To Register by Mail Return Completed
Form with Payment to:
Rochelle Hickel
CAOG Executive Director
P.O. Box 3010
Minot, ND 58702-3010

To Register by Fax, Return Completed
Form with Payment to:
Rochelle Hickel
Executive Director
701-852-8733 (fax)

*Remember to check with the Grand Wailea for complimentary luggage storage so you don't need to leave the meeting early!! The last afternoon may be free for fun before evening overnight flights to the Mainland.