



HAWAII THORACIC SOCIETY

Chapter of The American Thoracic Society

10th ANNUAL SYMPOSIUM: CURRENT CONCEPTS IN PULMONARY AND CRITICAL CARE
February 14-17, 2010

REGISTRATION FORM

Last Name _____ First Name _____
 Name to Appear on Name Badge _____
 Titles/Credentials _____
 Institution/Organization _____
 Street Address _____
 City, State Zip _____
 Daytime Phone _____
 eMail _____

	Hawaii Thoracic Society	
	Member	Non-Member

Physicians

- | | | |
|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> \$575 | <input type="checkbox"/> \$685 | Postmarked on or before December 17, 2009 |
| <input type="checkbox"/> \$675 | <input type="checkbox"/> \$775 | Postmarked after December 17, 2009 |
| <input type="checkbox"/> \$200 | <input type="checkbox"/> \$255 | One Day |

Physicians-in-Training

- | | | |
|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> \$475 | <input type="checkbox"/> \$550 | Postmarked on or before December 17, 2009 |
| <input type="checkbox"/> \$525 | <input type="checkbox"/> \$600 | Postmarked after December 17, 2009 |
| <input type="checkbox"/> \$175 | <input type="checkbox"/> \$200 | One Day |

Respiratory Therapists, Nurses, and Allied Health Professionals

- | | | |
|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> \$350 | <input type="checkbox"/> \$425 | Postmarked on or before December 17, 2009 |
| <input type="checkbox"/> \$375 | <input type="checkbox"/> \$450 | Postmarked after December 17, 2009 |
| <input type="checkbox"/> \$150 | <input type="checkbox"/> \$150 | One Day |

ATS Member? Yes No (for reporting purposes only)

Partial refund of registration fee for written cancellations received by noon HST on December 31, 2009.

No refund after December 31, 2009.

Select method of payment (full payment must accompany Registration Form).

- Visa Discover
 Mastercard
 American Express

_____	_____	_____
(Name as it appears on card)	(Signature)	(Phone Number)
_____	_____	_____
(Organization, if applicable)	(Address)	(City, State Zip)

or make check payable to ALA in Hawaii

Do you plan to attend

- Reception, 5-6 PM, Sunday, February 14, 2010
 Yes, limited to 1 guest No
 Meet the Faculty Luncheon, Monday, February 15, 2010
 Yes No *limited attendance

Will you be staying at the conference hotel?

- Yes No

Conference Hotel:

The Westin Maui Resort & Spa
 2365 Ka'anapali Parkway
 Lahaina, Hawaii 96761 (Island of Maui)
**\$189 room rate expires at noon HST on
 January 25, 2010 (limited availability).**
 Group Reservations: (808) 921-4651
 Reservation Code: "10th Annual Symposium"
**\$15/night resort fee will be waived for
 reservations made prior to Nov 13, 2009.**

Send registration form and payment to address below: