

CME REGISTRATION FORM

LANG	*	, , , , , , , , , , , , , , , , , , , ,	Grand Wailea, Maui
AME:		CREDENTIALS:	
AILING ADDRESS:	SF	PECIALTY	
			FAX ()
	Early Until 10/6/23	Regular	Late Begins 12/8/23
CSA/HSA Members	\$995	\$1145	\$1295
Non-CSA Members	\$1195	\$1345	\$1495
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AA, CRNA, PA, RN	\$1195	\$1345	\$1,495
Resident/Fellow	\$595	\$695	\$750
Activ e Military Member	\$595	\$695	\$750
CSA/HSA Retired/Life Member	\$595	\$695	\$750
over 5. Please indicate below y	our guests name and whic	h day they will join you f	or breakfast.
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- 3. I understand that by participating in this CSA event, I consent to sharing my information for future event marketing I understand Opt Out