



June 25 – 28, 2009

San Diego Marriott Hotel & Marina • San Diego, California

Six Reasons YOU Should Attend the CAPG Healthcare Conference

- 1.** This is the nation's **number one conference** for physician groups engaged in the kind of coordinated healthcare practiced by CAPG member groups. It offers extraordinary value for clinicians, management, technology specialists and key staffers. **And the price for members is reduced for 2009!**
- 2.** Nationally known general session speakers from government and the healthcare industry will spark timely, don't-miss **discussions on the future of the healthcare** for California and the nation.
- 3.** A **wide range of educational sessions**, many offering CME credits, will keep you current on medical and business trends that affect day-to-day operations of large and small physician groups. Topics to be explored include value-driven healthcare, the medical home, resource utilization, leadership and life balance, the boomer generation and many others.
- 4.** A series of **lively roundtable discussions** will be led by experts, offering provocative questions and insight you can use today.
- 5.** Our many sponsors and exhibitors will demonstrate their latest products and services at our signature **Friday Night Exhibit Fair and Strolling Dinner**. Stop by any and all exhibits and come away better informed about your industry.
- 6.** Outstanding networking events, including our popular Thursday golf tournament, will provide a relaxed setting to **share viewpoints, ideas and experiences**. It is also the year's best place to meet your colleagues and fellow CAPG members.

Getting the Most From the 2009 CAPG Healthcare Conference:

Register 11 or more representatives from your group and get discounted rates and added value.

Learn about the products and services offered by our sponsors and exhibitors at our Friday Night Exhibit Fair and Strolling Dinner.

Earn CME credits at designated educational breakout sessions.

Call us to arrange a strategic planning meeting or staff retreat for your group at specified times during the Conference.

ORGANIZATION INFORMATION

Organization Name _____

Mailing Address _____

City/ST/ZIP _____

Contact Person's Name/Title _____

Telephone _____ Fax _____

E-mail Address _____

REGISTRATION FEES

CAPG Members:	Government Employees	\$1,195 each
Registered by April 24, 2009	Spouse/Adult Guest Full-Conference Attendees	\$325 each
Registered after April 24, 2009	Spouse/Adult Guest Friday or Saturday Pass	\$225 each
11 or more	Spouse/Adult Guest Friday or Saturday Night Only Pass	\$125 each
CAPG Corporate Partners	Babysitting & Youth/Teen Programs (per session)	\$50 per child
CAPG Associate Partners	Golf Tournament Participants: Members/Partners	\$185 per player
CAPG Affiliate Partners	Golf Tournament Participants: Non-Members	\$225 per player
Non-Contributor, Non-Member Attendee	Sponsor Registration Fees	See Sponsor Brochure
Hotel Room		\$265 per night, excluding taxes. See Hotel section on page D for details.

SPECIAL PROGRAM INFORMATION

Babysitting: Ages 6 months–3 years (\$50 per child/per session; includes meals.)
Session 1: Friday, 8:30 a.m. – 3:00 p.m. **Session 2:** Friday, 6:30 p.m. – 10:00 p.m. **Session 3:** Saturday, 8:30 a.m. – 2:00 p.m.
Session 4: Saturday, 6:30 p.m. – 11:00 p.m.

Youth Program: Ages 4–11 (\$50 per child/per session; includes meals.)
Session 1: Friday, 8:30 a.m. – 3:00 p.m. **Session 2:** Friday, 6:30 p.m. – 10:00 p.m. **Session 3:** Saturday, 8:30 a.m. – 2:00 p.m.
Session 4: Saturday, 6:30 p.m. – 11:00 p.m.

Teen Party: Ages 12–16 (\$50 per child/per session; includes meals.)
Session 2: Friday, 6:30 p.m. – 10:00 p.m. **Session 4:** Saturday, 6:30 p.m. – 11:00 p.m.

Golf Tournament at the Maderas Golf Club: \$185 per player member/partners; \$225 per player non-members. Includes green and cart fees, lunch and tournament. Open to full-Conference attendees only. No refunds; player substitutions OK. Thursday, June 25, 10:00 a.m. registration—shotgun start at 11:00 a.m. Information on shuttle service, pairing and tournament details will be e-mailed prior to the conference.

CONFERENCE REGISTRATION

BADGES ARE REQUIRED FOR ALL EVENTS

Please print legibly or type; make copies of this form for additional registrations. Please provide a **unique e-mail address** for each registrant.

Registrant 1: _____ **Title:** _____

E-mail: _____ **Fee: \$** _____

Golf Tournament **Fee: \$** _____

Hotel Arrival Date: _____ **Departure Date:** _____ **Room Type:** King Double/Double

Spouse/Guest: _____

Full Conference Fri. Only Fri. Night Only Sat. Only Sat. Night Only Golf Tournament **Fee: \$** _____

Child 1 (full name): _____ **Age:** _____

Session 1 Session 2 Session 3 Session 4 **Fee: \$** _____

Child 2 (full name): _____ **Age:** _____

Session 1 Session 2 Session 3 Session 4 **Fee: \$** _____

Child 3 (full name): _____ **Age:** _____

Session 1 Session 2 Session 3 Session 4 **Fee: \$** _____

Registrant 2: _____ **Title:** _____

E-mail: _____ **Fee:** \$ _____

Golf Tournament _____ Fee: \$ _____

Hotel Arrival Date: _____ Departure Date: _____ Room Type: King Double/Double

Spouse/Guest: _____

Full Conference Fri. Only Fri. Night Only Sat. Only Sat. Night Only Golf Tournament Fee: \$ _____

Child 1 (full name): _____ Age: _____

Session 1 Session 2 Session 3 Session 4 Fee: \$ _____

Child 2 (full name): _____ Age: _____

Session 1 Session 2 Session 3 Session 4 Fee: \$ _____

Child 3 (full name): _____ Age: _____

Session 1 Session 2 Session 3 Session 4 Fee: \$ _____

Registrant 3: _____ **Title:** _____

E-mail: _____ **Fee:** \$ _____

Golf Tournament _____ Fee: \$ _____

Hotel Arrival Date: _____ Departure Date: _____ Room Type: King Double/Double

Spouse/Guest: _____

Full Conference Fri. Only Fri. Night Only Sat. Only Sat. Night Only Golf Tournament Fee: \$ _____

Child 1 (full name): _____ Age: _____

Session 1 Session 2 Session 3 Session 4 Fee: \$ _____

Child 2 (full name): _____ Age: _____

Session 1 Session 2 Session 3 Session 4 Fee: \$ _____

Child 3 (full name): _____ Age: _____

Session 1 Session 2 Session 3 Session 4 Fee: \$ _____

Registrant 4: _____ **Title:** _____

E-mail: _____ **Fee:** \$ _____

Golf Tournament _____ Fee: \$ _____

Hotel Arrival Date: _____ Departure Date: _____ Room Type: King Double/Double

Spouse/Guest: _____

Full Conference Fri. Only Fri. Night Only Sat. Only Sat. Night Only Golf Tournament Fee: \$ _____

Child 1 (full name): _____ Age: _____

Session 1 Session 2 Session 3 Session 4 Fee: \$ _____

Child 2 (full name): _____ Age: _____

Session 1 Session 2 Session 3 Session 4 Fee: \$ _____

Child 3 (full name): _____ Age: _____

Session 1 Session 2 Session 3 Session 4 Fee: \$ _____

CALCULATE YOUR FEES

Conference Registrants (see page B for fee structure)	\$ _____
Spouse/Adult Guest Full-Conference Attendees (\$325 each; includes all meals)	\$ _____
Spouse/Adult Guest Friday or Saturday Pass (\$225 each; includes all meals for the one day)	\$ _____
Spouse/Adult Guest Friday Night Only or Saturday Night Only Pass (\$125 each; includes meal for the one night)	\$ _____
Babysitting Registrants (\$50 per session/per child; includes meals)	\$ _____
Youth Program Registrants (\$50 per session/per child; includes meals)	\$ _____
Teen Party Registrants (\$50 per session/per child; includes meals)	\$ _____
Golf Tournament Registrants (Thursday, June 25; \$185 per player members/partners; \$225 non-members)	\$ _____
REGISTRATION FEE TOTAL	\$ _____

PAYMENT

Check/Money Order (make payable to CAPG) American Express MasterCard VISA

Credit Card Number _____ Exp. Date _____ Card ID#* _____

Name on Card _____ Signature _____

Billing Address _____

City/ST/ZIP _____

**For Visa and MasterCard, the Card ID Number is the 3-digit number located on the back of your card, usually at the top of the signature strip. For American Express, it is the 4-digit number printed on the front of your card.*

HOTEL RATES AND BILLING

(Please see General Information on page 5 of brochure for details.)

A special rate of \$265 plus taxes per room, single or double occupancy, has been arranged for this conference at the San Diego Marriott Hotel & Marina. **Hotel rooms are available on a first-come-first-serve basis; please register early as rooms fill up fast.** The CAPG special rate can only be guaranteed up to **May 29, 2009** or until our block of rooms sells out, and is only available through CAPG Registration. If it is necessary for you to cancel, please make arrangements through CAPG Conference Registration at 800-242-1036.

ROOM GUARANTEE:

American Express MasterCard VISA

Credit Card Number _____ Exp. Date _____ Card ID#* _____

Name on Card _____ Signature _____

Billing Address _____

**For Visa and MasterCard, the Card ID Number is the 3-digit number located on the back of your card, usually at the top of the signature strip. For American Express, it is the 4-digit number printed on the front of your card.*

THIRD PARTY BILLING:

The Marriott Hotel requires that a Third Party Billing Request form be completed if you wish to charge multiple rooms to a single corporate or personal credit card or if the name of the occupant differs from the name on the credit card. Though you may reserve any number of rooms with one credit card, the payment for those rooms will be charged to the occupant unless the Marriott has the Third Party Billing Request form, along with required identification, on file. To request a Third Party Billing form, please contact CAPG Registration or download online at www.capg.org.

For advance registration please send all completed forms by JUNE 11, 2009 to:

Conference Registration, c/o CAPG 2009 Healthcare Conference

465 Forbes Blvd., South San Francisco, CA 94080

Or fax to 888-463-9278

Or register online at www.capg.org

Questions? Call 800-242-1036 or e-mail capg@amotive.com

Registrations received after June 11 will be processed onsite and may delay check-in.

