

# CAPG Healthcare Conference 2010

## Conference Facts

### REGISTRATION FEES

CAPG Corporate Partners .....	\$1,095
CAPG Associate Partners .....	\$1,195
CAPG Affiliate Partners .....	\$1,295
Conference Sponsors and Exhibitors .....	\$1,595
Non-Sponsor, Non-Member/Partner Attendees .....	\$1,895
Government Employees .....	\$1,285
Booth Attendees (Friday Night Exhibit Fair) .....	\$550
Spouse/Adult Guest Full-Conference Attendees .....	\$325
Spouse/Adult Guest All-Day Friday or Saturday Pass .....	\$225
Spouse/Adult Guest Friday or Saturday Night Only Pass .....	\$125
Babysitting and Youth/Teen Program (per child, per session) ...	\$50
Golf Tournament Participants .....	\$195
Hotel Room .....	\$299 per night
<i>(excluding taxes and surcharges)</i>	

### CAPG GOLF TOURNAMENT

Per-player cost is \$195, including green and cart fees, lunch and tournament. All Conference registrants, including Sponsors, are welcome at our Thursday, May 13 CAPG Golf Tournament (registration at 10:00 a.m. and shot-gun start at 11:00 a.m.) at the resort's Palms Golf Course. The tournament is limited to 144 players, accepted on a first-come, first-served basis. No refunds can be made but player substitutions are accepted. **Ask us about opportunities for Golf Tournament sponsorships.**

### FAMILY PROGRAM INFORMATION

*Babysitting and Youth Programs (\$50 per child per session):*

Session 1: Friday 8:30 a.m. – 3:00 p.m.

Session 2: Friday 6:30 – 10:00 p.m.

Session 3: Saturday 8:30 a.m. – 2:00 p.m.

Session 4: 6:30 p.m. – 11:00 p.m.

*Teen Parties (\$50 per child per session):*

Session 2: Friday 6:30 – 10:00 p.m.

Session 4: Saturday 6:30 – 11:00 p.m.

**Ask us about opportunities for Youth and Teen Program sponsorships.**

### HOTEL INFORMATION

The Conference will take place at the beautiful Desert Springs JW Marriott in Palm Desert, California. A special CAPG rate of \$299 per room, not including taxes and surcharges, is offered on a first-come-first-served basis. To ensure your space and the CAPG rate, please submit the hotel registration form on Page 8 by April 16, 2010.

### GENERAL INFORMATION

**Badges:** Badges are required for all attendees and guests and are mandatory for admission to all events for which you are registered.

**Attire:** Dress for the conference is business casual except for the Saturday Night Gala where a "dress to impress" atmosphere prevails.

**The Americans with Disabilities Act and Special Meal Requirements:** We make every effort to accommodate the needs of our conference attendees and registered guests. If you require any of the auxiliary services identified in the Americans with Disabilities Act or if you have special dietary requirements, please e-mail Lura Hawkins at [lhawkins@capg.org](mailto:lhawkins@capg.org).

**Private Hospitality Events:** No hospitality event or other activity may be scheduled at the Conference without the express permission of CAPG. Any such scheduling will result in cancellation of the event and forfeiture of any deposits for food and beverage orders.

**Cancellations:** Sponsorship and Exhibitor cancellations received in writing prior to April 29, 2010 will be subject to a \$500 fee, and separate attendee registration cancellations will be subject to a \$50 fee. Conference refunds cannot be issued after April 29, 2010, nor will they be given to registrants who do not attend.

**SPONSOR INFORMATION**

Organization Name (as you would like it to appear in Conference materials)

\_\_\_\_\_

Mailing Address \_\_\_\_\_

City/ST/ZIP \_\_\_\_\_

Contact Person's Name/Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Sponsor/Exhibitor Opportunities Requested \_\_\_\_\_

\_\_\_\_\_

**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. Please attach information for any additional children.

**Registrant 1:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

Full Conference  Booth Attendee: Friday Night Only  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:** \$ \_\_\_\_\_

**Registrant 2:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

Full Conference  Booth Attendee: Friday Night Only  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:** \$ \_\_\_\_\_

**CALCULATE YOUR FEES**

<b>Sponsorship Level</b> (see pages 4 and 5 for Sponsorship Levels) _____	\$ _____
<b>Complimentary Conference Registrants</b> (see Sponsorship Level for number) _____	\$ NO CHARGE
<b>Additional Conference Registrants</b> (see page 6 for fee structure) _____	\$ _____
<b>Booth Attendees: Friday Night Only</b> (\$550 each per additional booth attendee)	\$ _____
<b>Spouse/Adult Guest Full Conference Attendees</b> (\$325 each; includes all meals)	\$ _____
<b>Spouse/Adult Guest Friday or Saturday Pass</b> (\$225 each; includes all meals for the one day)	\$ _____
<b>Spouse/Adult Guest Friday Night Only or Saturday Night Only Pass</b> (\$125 each; includes meal for the one night)	\$ _____
<b>Babysitting Registrants</b> (\$50 per session/per child; includes meals)	\$ _____
<b>Youth Program Registrants</b> (\$50 per session/per child; includes meals)	\$ _____
<b>Teen Party Registrants</b> (\$50 per session/per child; includes meals)	\$ _____
<b>Golf Tournament Registrants</b> (Thursday, May 13; \$195 per player)	\$ _____
<b>REGISTRATION FEE TOTAL</b>	<b>\$ _____</b>

**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 6 of brochure for details.)*

A special rate of \$299 plus taxes per room, single or double occupancy, has been arranged for this conference at the Desert Springs JW Marriott. Hotel rooms are available on a first-come-first-served basis; please register early as rooms fill up fast. The CAPG special rate can only be guaranteed up to **April 16, 2010** 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 213-624-CAPG (2274).

**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](http://www.capg.org).