The prices below are for your reference. Please indicate in payment section when completing registration form on next page.

### SINGLE REGISTRANT

<table>
<thead>
<tr>
<th>Platinum (Includes all Colon, Hernia, Foregut, Enhanced Recovery and Metabolic/bariatric sessions)</th>
<th>Until Nov. 8</th>
<th>Nov. 9 - Until Dec 6</th>
<th>Dec 7 – Jan 10</th>
<th>Jan 11 - Feb 10</th>
<th>After Feb.10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>$775</td>
<td>$795</td>
<td>$895</td>
<td>$995</td>
<td>$1,075</td>
</tr>
<tr>
<td>Residents / Fellows</td>
<td>$175</td>
<td>$195</td>
<td>$295</td>
<td>$350</td>
<td>$395</td>
</tr>
<tr>
<td>PAs/ NPs/ Allied Health</td>
<td>$375</td>
<td>$395</td>
<td>$495</td>
<td>$595</td>
<td>$675</td>
</tr>
<tr>
<td>Colon / Hernia / Foregut / OR Metabolic / Bariatric / Hernia / Foregut</td>
<td>Until Nov. 8</td>
<td>Nov. 9 - Until Dec 6</td>
<td>Dec 7 – Jan 10</td>
<td>Jan 11 - Feb 10</td>
<td>After Feb.10</td>
</tr>
<tr>
<td>Physicians</td>
<td>$675</td>
<td>$695</td>
<td>$795</td>
<td>$895</td>
<td>$975</td>
</tr>
<tr>
<td>Residents / Fellows</td>
<td>$145</td>
<td>$175</td>
<td>$245</td>
<td>$295</td>
<td>$345</td>
</tr>
<tr>
<td>PAs/ NPs/ Allied Health</td>
<td>$275</td>
<td>$295</td>
<td>$395</td>
<td>$495</td>
<td>$575</td>
</tr>
</tbody>
</table>

### 2 OR MORE REGISTRANTS

<table>
<thead>
<tr>
<th>Platinum (Includes all Colon, Hernia, Foregut, and Metabolic/bariatric sessions)</th>
<th>Until Nov. 8</th>
<th>Nov. 9 - Until Dec 6</th>
<th>Dec 7 – Jan 10</th>
<th>Jan 11 - Feb 10</th>
<th>After Feb.10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>$695</td>
<td>$750</td>
<td>$795</td>
<td>$895</td>
<td>$895</td>
</tr>
<tr>
<td>Residents / Fellows</td>
<td>$125</td>
<td>$145</td>
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<td>$295</td>
</tr>
<tr>
<td>PAs/ NPs/ Allied Health</td>
<td>$250</td>
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<td>$425</td>
<td>$495</td>
<td>$495</td>
</tr>
<tr>
<td>Colon / Hernia / Foregut OR Metabolic / Bariatric / Hernia / Foregut</td>
<td>Until Nov. 8</td>
<td>Nov. 9 - Until Dec 6</td>
<td>Dec 7 – Jan 10</td>
<td>Jan 11 - Feb 10</td>
<td>After Feb.10</td>
</tr>
<tr>
<td>Physicians</td>
<td>$625</td>
<td>$650</td>
<td>$695</td>
<td>$795</td>
<td>$795</td>
</tr>
<tr>
<td>Residents / Fellows</td>
<td>$95</td>
<td>$125</td>
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<td>$225</td>
<td>$225</td>
</tr>
<tr>
<td>PAs/ NPs/ Allied Health</td>
<td>$225</td>
<td>$250</td>
<td>$350</td>
<td>$395</td>
<td>$395</td>
</tr>
</tbody>
</table>

**NOTE:** Group registrations MUST be submitted together for group prices.

**Cancellation policy:** A refund less a $50 administrative fee as follows: You may cancel your registration using our online registration system prior to February 10, 2020. After February 10, 2020 no refunds will be granted. After the refund date, you have two options: you can transfer your registration to another party using our online registration system, or receive a credit in the amount you paid less a $50 administrative fee to be applied to your registration for next year’s conference. Refunds will not be issued to no-shows.
Minimally Invasive Surgery Symposium (MISS)  
March 16-19, 2020  
Aria Las Vegas, Nevada

Please print additional pages as needed.

**REGISTRANT INFORMATION**

First Name: ___________________________ Last Name: ___________________________

NPI / ME or License Number: ___________________________

Degree:  
☐ MD  ☐ DO  ☐ Resident/Fellow  ☐ NP  ☐ PA  ☐ RN  ☐ Other ___________________________

Practice Name/Affiliation: ___________________________

Address: ___________________________

City: ___________________________ State: ___________________________ Zip Code: ___________________________

Phone: ___________________________ Fax: ___________________________

Email (for registration confirmation and CME certificate): ___________________________

Specialty:  
☐ General  ☐ Bariatric  ☐ Colorectal  ☐ Other ___________________________

Surgical Experience in Years:  
☐ 0-5  ☐ 6-10  ☐ 11-15  ☐ 16-20  ☐ 20+

Type of Practice:  
☐ Office  ☐ Hospital  ☐ Research/Academic  ☐ Other ___________________________

How did you learn about MISS:  
☐ Direct mail  ☐ Email invitation  ☐ Ad in journal  ☐ Online banner ad  ☐ Colleague  ☐ Other ___________________________

Attendance:  
☐ First year  ☐ Returning years ___________________________

**REGISTRATION OPTION**  (Please check options below & note prices from attached page)

☐ Platinum  
☐ Colon / Hernia / Foregut  
☐ Metabolic / Bariatric / Hernia / Foregut

**TOTAL REGISTRANTS** ___________________________  **YOUR PRICE** $ ___________________________

**PAYMENT INFORMATION**

All fees must be paid in advance and accompany this registration form. Forms received without payment will not be processed. Sorry we cannot bill. (Federal Tax ID #27-0893910). NOTE: Group registrations MUST be submitted together for group prices.

☐ Individual registration, please charge card below  
☐ Part of group, please charge card below  
☐ Part of group, please charge entire group to same card

Additional Info / Instructions: ___________________________

☐ AMEX  ☐ MasterCard  ☐ Visa  ☐ Check enclosed. Payable to:  
Global Academy for Medical Education (GAME) / MISS

Credit card number ___________________________ Exp. Date ___________________________

Name on card ___________________________ Signature ___________________________

RETURN THIS FORM TO:  
MISS c/o Global Academy for Medical Education,  
7 Century Drive Ste 301, Parsippany, NJ 07054  
(P) 973-206-8092; (F) 201 822-6114; (E) MISS@globalacademycme.com