2011 South Beach Symposium™ Registration
February 17–21, 2011 • Loews Miami Beach Hotel, Miami, FL

The 2011 South Beach Symposium™

1

First Name | Middle Initial | Last Name

Affiliation

Mailing Address

City | State or Province | Zip | Country

Phone | Emergency Contact/Phone

Email | Fax

Check all that apply:

☐ MD ☐ DO ☐ PhD ☐ RN ☐ PA ☐ ARNP ☐ PharmD ☐ Other _____

Medical Specialty _____

2 **General Registration**

*Please check your appropriate fee. Registration fees include all lectures, course materials, and two tickets to all meeting events.**

	Before 12/1/10	After 12/1/10
☐ Physician Registration *One administrative office staff per registered Physician can attend Monday's sessions free– Additional staff will be charged*	$1,295	$1,395
☐ *Name* _____	$0	$0
☐ Nurseses, PA's and Medical Staff	$1,295	$1395
☐ Administrative Office Staff *Monday lectures and exhibit hall only*	$599	$699
☐ Dermatology Resident	$0	$0

3 **Masters of Pediatric Dermatology–Pre-Conference Symposium**

☐ I only wish to attend the 1-day symposium	$200	$250
☐ I am attending South Beach Symposium 2010 and will also attend the 1-day symposium	$0	$0
Registration Total	**$**_____	**$**_____

4 **Guests & Social Events**

** One guest badge included in registration fee. Please enter your complimentary guest's name below, plus any additional tickets needed for the South Beach Gala.*

Guest name(s)

_____ x$0 $0

_____ x$80 $_____

_____ x$80 $_____

Social Events and Guest Total **$**_____

Combined Total Sections 2 & 3 **$**_____

5 **Meeting Registration Payment**

☐ VISA ☐ Master Card ☐ AMEX ☐ Check

Make checks payable to: SBS Medical Education

Credit Card # _____

Exp. Date _____ Security Code _____

Signature _____

Name on Card _____

HOTEL INFORMATION

Hotel reservations are on a first come, first serve basis. Book your rooms early and guarantee your spot in the HOST Hotel! Hotels are based on availability on the date the request form is received. Should the host hotel be sold out for the dates requested, your room reservations will automatically be confirmed in the next available hotel.

DEADLINE DATE

January 1, 2011 - Any reservation received after this date cannot be assured of hotel availability or the group rate and will be accepted on a space-available basis.

HOST HOTEL—Loews Miami Beach Hotel
Room Rate—$319 single/double
1601 Collins Avenue • Miami Beach, Florida 33139

Room Type (indicate quantity needed)

_____single (1 Bed) _____double (2 Beds)

Arrival Date:_____ Departure Date:_____

No. of Adults in Room:_____ No. of Children:_____

Special Needs/Requests:_____

☐ I will not require a sleeping room

HOTEL DEPOSIT

A credit card guarantee of one night's room and tax is required as deposit. The deposit is refundable if cancellation is received 72 hours prior to arrival. A fee of $50 will be charged in the event of an early departure.

☐ VISA ☐ Master Card ☐ AMEX

Credit Card # _____

Exp Date _____ Security Code _____

Signature _____

Name on Card _____

NO reservation will be confirmed without a deposit.

CHANGE POLICY: Any changes made to a reservation after the initial confirmation is subject to a $25 administrative fee.

NOTE: All changes and cancellations must be done in writing to SBS.

Registration:
Registration and payment must be received no later than January 1, 2011. After this date a syllabus and name badge cannot be guaranteed-so register TODAY!

Cancellation:
A written notice of cancellation must be received no later than January 1, 2011 and a $250 cancellation fee will apply. No refunds will be given after this date.

ADA Compliance:
Attendees who need additional reasonable accommodations or who have special needs should contact the SBS at 904-309-6262.

For internal use only.

Name _____

Company _____

Phone _____

E-mail _____

THREE CONVENIENT WAYS TO REGISTER:

Fax:
(904) 998-0855

Mail:
South Beach Symposium
6816 Southpoint Pkwy., Suite 1000, Jacksonville, Florida 32216

Website:
www.southbeachsymposium.org