

**HIGH RISK EMERGENCY MEDICINE HAWAII**

April 9-13, 2017 • Wailea Beach Marriott Resort &amp; Spa • Maui, Hawaii

[www.highriskhawaii.com](http://www.highriskhawaii.com)

Mail to : UCSF Office of CME  
 P.O. Box 45368  
 San Francisco, CA 94145-0368  
 Fax: (415) 502-1795

**Register Online: [cme.ucsf.edu](http://cme.ucsf.edu)**  
 Registration Information: (415) 476-5808  
 Course Information: (415) 476-4251  
**[www.highriskhawaii.com](http://www.highriskhawaii.com)**

Dr.  Ms.  Mr.  Mrs.

\_\_\_\_\_  
 Last Name First M.I.

\_\_\_\_\_  
 Degree Specialty

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Daytime Phone Fax

\_\_\_\_\_  
 Email

**Address Label Code Letter (see address label: example, A, B, C, D, etc.)** \_\_\_\_\_

Would you like to be on our priority email list?  Yes  No

Date of birth to be used as OCME registrant number: \_\_\_\_ / \_\_\_\_ / **XX**  
 Month Day

 Please indicate if you have any special needs: \_\_\_\_\_

**REGISTRATION FEES**

Fees include downloadable electronic syllabus.

**HIGH RISK EMERGENCY MEDICINE HAWAII • MAUI, HAWAII**

BEFORE March 9, 2017:

- \$770** Practicing Physicians  
 **\$570** Allied Health Professionals/Physicians-in-Training

AFTER March 9, 2017:

- \$810** Physicians  
 **\$610** Allied Health Professionals/Physicians-in-Training

OPTIONAL REGISTRATIONS (all workshops held on Tuesday, April 11, 2017):

- A:** Ultrasound-Guided Ortho Procedures - **8:00 am**  
 **B:** High Risk Critical Care and Airway: Small Group Cases - **8:00 am**  
 **C:** Ultrasound in the Crashing Patient - **10:30 am**  
 **D:** High Risk Critical Care and Airway: Small Group Cases - **10:30 am**  
 **E:** Ultrasound-Guided Nerve Blocks - **1:00 pm**  
 **F:** Master Your Digital Resources - **1:00 pm**

**\$50** for each workshop

**Please check workshops below A or B, C or D, E or F:**

- A:  B:  C:  D:  E:  F

**Tuesday, April 10, 2017 • 5:30 - 7:00pm**

**Meet the Faculty – Aloha Reception**

Please confirm below so we may plan for the appropriate number of people

I will attend the reception (included in tuition)  I will not attend

Make checks payable to *UC Regents*

Please charge my credit card:  Visa  MasterCard  AmEx \$ \_\_\_\_\_

\_\_\_\_\_  
 Card # Expiration date

\_\_\_\_\_  
 Name on Card (Please Print) Authorized Signature

**Refund Policy:** Cancellations received in writing before April 6, 2017 will be refunded, less a \$75 administrative fee. No refunds will be made on cancellations received after that date.

Please check our website for up to date information on the course at [cme.ucsf.edu](http://cme.ucsf.edu)