



35th Annual San Diego Shoulder Course
Arthroscopy, Arthroplasty & Fractures
Hilton Bayfront San Diego, California
June 20-23, 2018

LUNCHEON WORKSHOP REGISTRATION FORM

COMPANY NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: (____) _____ FAX: (____) _____

YOUR NAME: _____ TITLE: _____

EMAIL ADDRESS: _____

Please indicate the workshop(s) you will be participating in by checking the appropriate box(es) and completing the required information below:

- **COMPANY SPONSORED LUNCHEON WORKSHOPS/ ADDITIONAL NON-CME WORKSHOPS**
\$6,000 INCLUDES room rental, AV & lunch for up to 25 people X_____ Session(s)
\$9,000 INCLUDES room rental, AV & lunch for 26-50 people X_____ Session(s)
\$11,000 INCLUDES room rental, AV & lunch for 51-75 people X_____ Session(s)
Please check one: _____ Box Lunch _____ Buffet Lunch

- **Arthroscopy Luncheon Session Thursday June 21 12:15-1:45 P.M.**

Title of workshop:

Faculty name/ credentials:

Brief description of the workshop:

Maximum registration capacity:

- **Arthroplasty Luncheon Session Friday June 22 12:00-1:30 P.M.**

Title of workshop:

Faculty name/ credentials:

Brief description of the workshop:

Maximum registration capacity:

- **COMPANY SPONSORED FOCUS DEMOS WITH OPTIONAL DINNER/COCKTAILS**

\$10,000 INCLUDES room rental, AV, BUFFET DINNER with 2 hour bar for up to 25 people

\$14,500 INCLUDES room rental, AV, BUFFET DINNER with 2 hour bar 26-50 people

\$19,500 INCLUDES room rental, AV, BUFFET DINNER with 2 hour bar 51-75 people

- Thursday night Company Sponsored Focus Demos and Dinner/Cocktails **6:00pm**

- (for additional sessions you must make arrangements individually through SDSI)

Company responsibilities:

- All focus demos **MUST** be approved by SDSI. All focus demonstration and cadaveric arrangements must be arranged through MCJ Consulting Services
- If your session numbers increase on the day of the workshop a separate bill will be sent for any additional costs.
- Provide SDSI with faculty name/credentials/contact information, lecture content, workshop description, and maximum registration numbers by **April 1, 2018.**
- SDSI will coordinate Thursday/Friday workshop registration via our automated registration site. All workshop-specific registrant information will be forward electronically to participating companies (to include attendee name, email address, and NPI number).

- Please complete the workshop registration form and submit to sdsi_info@shoulder.com.

PAYMENT

TOTAL AMOUNT ENCLOSED _____

A \$100 administrative fee will be retained upon cancellation. No refunds will be made after May 1, 2018

- Check Enclosed or
- Credit Card Number: _____
 - Expiration Date _____ Security Code _____
 - Signature for Credit Card Charges _____

Make checks payable to: **San Diego Shoulder Institute**
San Diego Shoulder Institute Tax ID #87-0765789

REGISTER ASAP TO ENSURE SPACE AVAILABILITY

Return signed form with payment to:

San Diego Shoulder Institute
P.O. Box 890850
Temecula, CA 92589-0850
Email: sdsi_info@shoulder.com

Phone: (760) 940-2066 or 951-695-6800
Fax: (951) 695-6801

FREEMAN CONTACT INFORMATION (for all shipments and coordination of equipment delivery)

Valery Nugent
858-320-7837 (office) 619-742-4336 (cell)
valery.nugent@freemanco.com

MCJ Consulting (For lab supplies and cadaver orders)

Michele Johnson, President
925-807-1190 (office)
mjohnson@mcjconsulting.com