

ABOUT THE CONFERENCE

We are pleased to announce that the **41st Annual John A. Boswick, M.D. Burn and Wound Care Symposium** will take place on **February 2-February 7, 2019**. This international conference covers the basic principles and the latest advancements in wound healing, burn care, and infection control. Presentations will be made by physicians, nurses, researchers, related medical specialists, and others involved in the care of soft tissue injuries and their complications.

There will be oral presentations and poster sessions, with ample opportunities for discussion between speakers and audience. Many pharmaceutical companies, medical device firms, and others will participate with presentations, posters, and exhibits.

The program begins at 7:30 am and ends at 12:30 pm each day. Afternoons are free for activities such as shopping, sight-seeing, swimming, scuba, fishing, and golfing, or just relaxing on the island. Registration opens Saturday, February 2, 2019 at 3:00 pm followed by the Welcome Cocktail Reception for attendees and their families, which will provide an opportunity to get acquainted with others at the meeting.

REGISTRATION FEE

The 2019 registration fee is: \$750.00 USD MD/DO/DPM/PhD
\$650.00 USD RN/PT/PA/NP, etc..

HOTEL RESERVATION INFORMATION

Conference registration is required to make a reservation. Once you register, a code will be sent to you with a link to online registration. Tiered rates will be offered for larger suites. Our room block and special rates will be available until sold out or by December 27, 2018. Late reservations will be accepted based on availability at the hotel rack rates (approximately twice the symposium rate.)



THE 41st ANNUAL JOHN A. BOSWICK, M.D. BURN AND WOUND CARE SYMPOSIUM February 2 - February 7, 2019 Maui, Hawaii, U.S.A.

COURSE REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Guest Name(s) _____

Guest tickets for all of the events are \$250.00. Children 12 and under are free. Please include their names with your registration.

Registration Fee \$ _____ (USD) Method of Payment / Guest Fee \$250.00 (USD) – TOTAL: _____
 Check Credit Card (American Express/VISA/MasterCard)

On-sight registration fee is \$750.00 (USD)

Credit Card Number _____ Expiration Date _____ CSC Code _____

Please make check payable to The John A. Boswick, M.D. Burn and Wound Care Symposium \$100.00 Charge for withdrawal. No refunds after December 15, 2019.

Mail, Fax, or E-mail registration information to:

The John A. Boswick, M.D. Burn and Wound Care Symposium
191 Presidential Blvd, Suite 101, Bala Cynwyd, PA 18004

Attention: Paul Glat Phone (610) 980-4000

Fax (610) 822-3079

E-mail: pmg0804@msn.com

Visit our website at www.jabmauisymposium.com for additional information, to register, or submit abstracts online.

REMIT THIS SECTION IF YOU WOULD ONLY LIKE TO ATTEND THE MEETING