

REGISTRATION

Please Print Clearly

Name _____

Specialty _____ Degree _____

Address _____

City _____ State _____ ZIP _____

Country _____ Email _____

Phone _____
Business Home

For Office Use Only PN 08-276-01

Category 1 AMA credit earned _____ Date _____

Registration Fees

| | | | |
|--|-------|----|-------|
| Physicians | \$500 | \$ | _____ |
| Non Physicians | \$300 | \$ | _____ |
| University of Iowa Faculty/Staff | \$200 | \$ | _____ |
| Residents, Fellows, Students | \$100 | \$ | _____ |
| Guest to accompany for October 3rd banquet | \$40 | \$ | _____ |
| Total | | \$ | _____ |

Please list special dietary requirements: _____

Method of Payment

Enclosed is a check made payable to
The University of Iowa in the amount of \$ _____

Please charge my: VISA MasterCard

Account Number _____

Signature _____ Expiration date _____

3-digit security code on back _____

Four Ways to Register:

- 1** Mail: University of Iowa Carver College of Medicine
Continuing Medical Education Division
100 Medicine Administration Building
Iowa City, IA 52242-1101

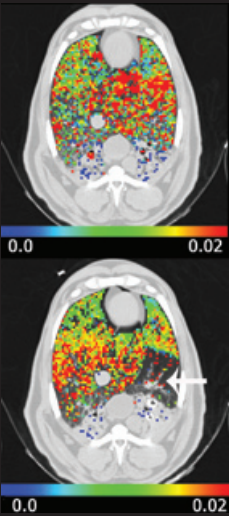
3 FAX: 319-335-8327

2 Phone: 319-335-8599

4 Online: www.medicine.uiowa.edu/cme
and click on Upcoming Conferences

Marriott Hotel Registration:

<http://marriott.com/cidic?groupCode=wpfwpfa&app=resvlink>



For additional information on this program and other upcoming CME events at the UI Carver College of Medicine, please visit <http://www.medicine.uiowa.edu/cme/>.

The University of Iowa requests this information for the purpose of processing your registration. No persons outside the University of Iowa are routinely provided this information.