



**University of Michigan  
Medical School**

**Registration Options for all Radiology courses:**

- Online <http://cme.med.umich.edu>
- By Mail Registrar  
Office of Continuing Medical Education  
University of Michigan Medical School  
G1200 Towsley Center  
1500 E. Medical Center Dr., SPC 5201  
Ann Arbor, Michigan 48109-5201
- By Phone (734) 763-1400 or (800) 800-0666
- By Fax (734) 615-6129

# Radiology in the Desert

March 1-5, 2010  
InterContinental Montelucia Resort & Spa, Paradise Valley, AZ

**On-site registration will also be available.**

**Registration Deadline (to guarantee educational materials): February 22, 2010**

Personal Information	U012472
<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> Other _____	
Name _____	
Address _____	
City & State _____ Zip _____	
Phone _____ Fax _____	
Email _____ Specialty _____	
Special Needs _____	

Registration Options & Fees		
Registration Options	Physician	Physician-in-Training*, Retired Physician, RN & Allied Health
Full Course - <i>before</i> January 3, 2010	<input type="radio"/> \$850	<input type="radio"/> \$640
Full Course - <i>after</i> January 3, 2010	<input type="radio"/> \$900	<input type="radio"/> \$685
One Day Course - Monday only	<input type="radio"/> \$325	<input type="radio"/> \$225
One Day Course - Tuesday only	<input type="radio"/> \$325	<input type="radio"/> \$225
One Day Course - Wednesday only	<input type="radio"/> \$325	<input type="radio"/> \$225
One Day Course - Thursday only	<input type="radio"/> \$325	<input type="radio"/> \$225
One Day Course - Friday only	<input type="radio"/> \$325	<input type="radio"/> \$225
<b>Total Registration Fees</b>	\$ _____	\$ _____

\*Verification **must** accompany registration.

**Early Registration Cabana Giveaway** I have registered for the course **and** booked my stay at Montelucia prior to January 3, 2010.  
 Please enter me in the drawing for the Cabana giveaway. I understand I will be notified onsite March 1 if I have won.

Payment
Credit Card Payment <input type="radio"/> AmEx <input type="radio"/> MasterCard <input type="radio"/> Visa      Billing Zip Code _____
Account Number _____
Exp. Date _____      Cardholder Name _____
Signature _____      Date _____
(not valid without signature)

Registration Code
Please enter the registration code found on the mailing panel here _____ .