

# Course Registration Form



## GI-Liver Wrap Up February 19-21, 2010

### Registration Options

• **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 Drive, SPC 5201  
Ann Arbor, Michigan 48109-5201

• **By Phone** (734) 763-1400 or  
(800) 800-0666

• **By Fax** (734) 615-6129

*On-site registration will also be available.*

**Registration Deadline (to guarantee educational materials):** February 7, 2010

**Hotel Reservation Deadline:** January 19, 2010

U012567

### 1. Personal Information (please print)

Dr.  Mr.  Ms.  MD  DO  Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

Specialty \_\_\_\_\_

Special needs \_\_\_\_\_

### 2. Fees and Payment

Please make checks payable (U.S. currency) to the University of Michigan  
or pay by credit card below.

Registration Options	Physicians	Physician-in-Training*, Allied Health, Retired Physicians
Full Course	<input type="checkbox"/> \$565	<input type="checkbox"/> \$395
Two Days <input type="checkbox"/> Fri./Sat. <input type="checkbox"/> Sat./Sun.	<input type="checkbox"/> \$465	<input type="checkbox"/> \$330
One Day <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.	<input type="checkbox"/> \$285	<input type="checkbox"/> \$200

\*verification must accompany registration

**Credit Card Payment:**  American Express  MasterCard  Visa

Account Number \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

*Not valid without signature*

### 3. Registration Code

Please enter the registration code found on the back side of this panel: \_\_\_\_\_