

# Course Registration Form

Primary Health Care of Women • December 3-4, 2009

## Registration Options

- **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

**Registration Deadline: November 22, 2009 (to guarantee educational materials)**

*On-site registration will also be available.*

## 1. Personal Information (please print)

U022456

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Specialty \_\_\_\_\_

Special Needs \_\_\_\_\_

## 2. Workshops (please select two per session)

### Thursday, December 3, 2009

#### 10:15 and 11:10 (Choose 2)

- \_\_\_(A) Postpartum Pelvic Floor Case Studies
- \_\_\_(B) Evidence-Based Health Maintenance in Women
- \_\_\_(C) Risk Management Case Studies
- \_\_\_(D) K-Why? Bridging Doctors, Patients, and the Sexual Product Industry: Case Studies from the Safe Sex Store

#### 3:15 and 4:00 (Choose 2)

- \_\_\_(A) Acupuncture: Hands-on Workshop
- \_\_\_(B) Vitamin D & Osteoporosis Case Studies
- \_\_\_(C) University of Michigan Obstetric Protocols
- \_\_\_(D) Women's Health Center Resource Tour

### Friday, December 4, 2009

#### 10:15 and 11:10 (Choose 2)

- \_\_\_(A) Contraception Case Studies
- \_\_\_(B) Case-Based Teaching on Incontinence Care: Clinical Visit 1, 2, and 3
- \_\_\_(C) Cervical Cancer Screening Case Studies
- \_\_\_(D) Holistic Benefits of Time Spent in Nature

#### 1:00 and 2:00 Workshops (Choose 2)

- \_\_\_(A) Cases from the Michigan Maternal Mortality Review Committee
- \_\_\_(B) Integrative Medicine Approach to Common Office Problems
- \_\_\_(C) Acne & Rosacea Update

## 3. Payment

**Please enclose a check (U.S. currency) payable to the University of Michigan or pay by credit card below.**

<i>Physician Fees</i>	<i>Physician-in-Training*, Allied Health, Nurses, Retired Physicians</i>
___ \$485 Full Course	___ \$340 Full Course
___ \$290 One Day: Thursday	___ \$205 One Day: Thursday
___ \$290 One Day: Friday	___ \$205 One Day: Friday

\*verification must accompany registration

**Credit Card Payment:**  AmEx  MasterCard  Visa

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

Cardholder Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Signature \_\_\_\_\_

Not valid without signature