

Registration Form



13th Annual Practical Updates in Anesthesiology February 1 - 5, 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): January 17, 2010

Hotel Reservation Deadline: December 31, 2009

U023006

1. Personal Information *(Please print)*

Dr. Mr. Ms. MD DO Other _____

Name _____

Address _____

City and State _____ Zip _____

Phone Number (____) _____ Fax Number (____) _____

Email Address _____

Specialty _____

Special Needs _____

2. Payment

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

Physician & CRNA

___ \$725 Full Course

___ \$205 One-Day ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Physician-in-Training*, Retired Physicians, Allied Health

___ \$625 Full Course

___ \$165 One-Day ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

*verification must accompany registration

Credit Card: AmEx MasterCard Visa

Account Number _____

Cardholder Name _____ Exp. Date _____

Billing Zip Code _____ Signature _____

Not valid without signature