



**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 at the
Seashore*

February 8-12, 2010
South Seas Island Resort, Captiva Island, FL

On-site registration will also be available.

Registration Deadline (to guarantee educational materials): January 24, 2010

Personal Information		U025783
<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 _____ Syllabus Preference: <input type="radio"/> CD <input type="radio"/> Hardcopy		
Registration Options & Fees		
Registration Options	Physician	Physician-in-Training*, Retired Physician, RN & Allied Health
Full Course - <i>before</i> January 8, 2010	<input type="radio"/> \$850	<input type="radio"/> \$640
Full Course - <i>after</i> January 8, 2010	<input type="radio"/> \$900	<input type="radio"/> \$685
One Day Course - Please choose: <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri	\$325 x No. of Days = \$ _____	\$225 x No. of Days = \$ _____
Subtotal A – Registration Fees	\$ _____	\$ _____
Optional Excursions - See Page 8 for details		
No. Attending x Price Per Person		
J.N. "Ding" Darling National Wildlife Refuge Tour February 9 • 2:00 - 5:00 pm	_____ x \$13 per person = \$ _____	
Cayo Costa Beach & Shelling Cruise February 10 • 2:00 - 5:00 pm	_____ x \$25 per person = \$ _____	
Subtotal B – Excursion Fees	\$ _____	
Total of All Fees - Subtotal A + B	\$ _____	
<small>*Verification must accompany registration.</small>		
Family Cookout On Monday evening, February 8, a family cookout will be held at no additional cost. Please indicate if you and your family will attend. (<i>Note: The family cookout will be limited to participants, spouses and children.</i>) <input type="radio"/> I/We will attend. _____ # of Adults _____ # of Children		
Early Registration Cabana Giveaway I have registered for the course and booked my stay at South Seas prior to January 8, 2010. <input type="radio"/> Please enter me in the drawing for the Cabana giveaway. I understand I will be notified onsite February 8 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 _____		
<small>(not valid without signature)</small>		
Registration Code		
Please enter the registration code found on the mailing panel here _____.		