

Course Registration Form

The 34th Annual Midwinter Family Medicine Update 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 Dr., SPC 5201
Ann Arbor, Michigan 48109-5201
(734) 763-1400 or (800) 800-0666
- **By Phone**
- **By Fax** (734) 615-6129



**University of Michigan
Medical School**

On-site registration will also be available.

Registration Deadline (to guarantee educational materials): January 17, 2010

Hotel Reservation Deadline: January 1, 2010

1 Personal Information (please print)

U026150

Dr. Mr. Ms. MD DO Other _____

Name _____

Address _____

City & State _____ Zip _____

Phone _____ Fax _____

Email _____

Specialty _____

Special Needs _____

2 Payment

Registration Options	Physician	Allied Health, Physician-in-Training*, Retired Physician
Full Course	<input type="radio"/> \$775	<input type="radio"/> \$580
One-Day Course – Choose One: <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs	<input type="radio"/> \$205	<input type="radio"/> \$155
One-Day Course <input type="radio"/> Friday	<input type="radio"/> \$115	<input type="radio"/> \$85
Total Registration Fee	\$ _____	\$ _____

(*Verification must accompany registration.)

Credit Card: AmEx MasterCard Visa Billing Zip Code _____

Account Number _____

Exp. Date _____ Cardholder Name _____

Signature _____

Not valid without signature. You may register via fax at (734) 615-6129.

3 Registration Code

Please enter the registration code located on the mailing panel of this brochure: _____