

Program Registration Form

Name _____ Degree _____
Organization _____ Last 4 Digits of SS# _____
Mailing Address _____
City _____ State _____ Zip Code _____
Daytime phone _____ Fax _____
Home phone _____ E-mail _____

Discipline (please check one only)

- Physician, please specify: Internal Medicine Family Practice Other (list discipline) _____
 Resident Fellow Physician Assistant, discipline: _____
 RN LPN Nurse Practitioner Other Adv. Practice Nurse CENA/CNA
 Social Worker Psychologist Other mental health, specify: _____
 Health Administrator Administrative Support Staff
 OT PT SLP NHA Other rehab, specify: _____
 Nutritionist/Dietitian
 Student: Discipline: _____ Assistant other than Nursing, list: _____
 Other, not noted above: Please list _____

Payment must accompany registration form. Make checks payable to: Wayne State University

- Check or money order
 My agency will pay my registration fee. Enclosed is verification (purchase order/authorization) of my agency's commitment.
 VISA/Master Card

Number _____

Expiration Date _____ Signature _____

Mail this form and payment to:

Wayne State University School of Medicine, Division of Continuing Medical Education
101 E. Alexandrine-Lower Level
Detroit, MI 48201
Phone (313) 577-1180 or Fax (313) 577-7554
E-mail: dcme@med.wayne.edu
Web site: www.med.wayne.edu/cme/

- If you have a disability and may require accommodations in order to fully participate in this activity, please check here.
You will be contacted by the conference coordinator.

Please check the appropriate continuing education credits you wish to receive:

- Nursing Contact Hours Michigan Nursing Home Administrator
 Continuing Medical Education – Physicians Social Work

Fee schedule

One-day Registration \$115

Two-day Registration \$200

3 or more registrants from the same company, registration fee is \$190.00 per person for Two-Day Registration

- Vegetarian meal(s) requested

TOTAL AMOUNT ENCLOSED \$ _____

Refund Policy:

Registrations are accepted on a first-come, first-served basis and space is limited. Substitutions are accepted at any time. A full refund, less a \$50 processing fee, will be granted to request received by May 1, 2008. No refunds provided for no-shows and late cancellations.