MEDICAL SCHOOL
UNIVERSITY OF MICHIGAN

REGISTRATION FORM

Tinnitus: From Cochlea to Brain and Back

Sunday - Wednesday, June 7 - 10, 2015

REGISTRATION OPTIONS

Mail this Form to:
University of Michigan
Department of Internal Medicine CME
24 Frank Lloyd Wright Dr.
Lobby J, Suite 1200
Ann Arbor, MI 48106-5750

Online: www.intmedcmeregister.org
By Phone: (734) 232-3469
By Fax: (734) 998-0085

On-site registration will also be available.

CANCELLATION POLICY
Refund requests must be received in writing no later than Friday, May 29, 2015. An administrative fee of $50 will be deducted from your registration payment. No refunds will be available after this date.

CONFIRMATION
Conference registrations will be confirmed by email. If you do not receive confirmation, or if the information is in question, please contact the U-M Department of Internal Medicine CME at (734) 232-3469 or intmedcme@umich.edu.

PERSONAL INFORMATION

REGISTRANT NAME *(first, middle initial, last)*	DEGREE - *select all that apply*				
(as you would like it to appear on your name tag)	❑ MD	❑ DO	❑ PhD	❑ PA	❑ NP
	❑ RN	❑ Other - specify:			
	SPECIALTY:				
PREFERRED MAILING ADDRESS.....*select one*	❑ HOME	❑ BUSINESS			

ADDRESS

CITY	STATE	ZIP OR POSTAL CODE	COUNTRY

PHONE NUMBER	❑ cell	❑ work	❑ home	SPECIAL ACCOMMODATIONS

RATE & PAYMENT INFORMATION

COURSE OPTIONS	GENERAL RATE	STUDENT RATE	U-M FACULTY & STAFF RATE
Full Course	❑ $650	❑ $350	❑ $550
Gala Dinner (*optional*) Tuesday, June 9, 2015	❑ $60	❑ $60	❑ $60
Please select preferred entree for dinner (preregisteration is required)	❑ Beef ❑ Fish ❑ Vegetarian		

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

CREDIT CARD: ❑ AmEx ❑ Discover ❑ MasterCard ❑ Visa

CARD #	EXP. DATE

NAME ON CARD *(Please print)*

SIGNATURE *(Not valid without signature)*