Children's Hospital of Michigan **60th Annual Clinic Days**

FRIDAY, MAY 12, 2017

REGISTRATION FORM

Pre-registration for all Clinic Days events is REQUIRED by Friday, May 5, 2017.

- Please complete and return this form to the address listed below or fax to the Physician Link Line (313) 966-0502. You may also register online at www.childrensdmc.org/clinicdays.
- A confirmation will be e-mailed to you upon receipt of your completed form and registration fee.

Name: _____

Degree: ___ MD ___ DO ___ PA ___ NP ___ RN Other: _____

Hospital/Organization: _____

Mailing Address: _____

City, State, Zip Code: _____

Daytime Phone Number: _____ Fax Number: _____

Email Address: _____ Specialty: _____

# persons attending		Cost per person
	PHYSICIANS	
_____	CHM Alumni Dinner & Award Presentation*	$50
_____	Clinic Days Scientific Program	$100
	ALLIED HEALTH PROFESSIONALS	
_____	CHM Alumni Dinner & Award Presentation*	$50
_____	Clinic Days Scientific Program	$75
	CHILDREN'S HOSPITAL OF MICHIGAN PHYSICIAN-IN-TRAINING	
_____	CHM Alumni Dinner & Award Presentation*	$25
_____	Clinic Days Scientific Program Free (registration required)	

PAYMENT

_____ **Credit Card**

☐ Visa ☐ Master Card ☐ American Express

Name (Print)

CREDIT CARD NUMBER

Expiration Date 3-Digit Security Code

BILLING ZIP CODE

_____ **Check Enclosed**
(payable to Children's Hospital of Michigan)

MAIL TO: Children's Hospital of Michigan Administration
3901 Beaubien, Detroit, MI 48201
Attn: Janet Houghan, Administration

FAX TO: Physician Link Line
(313) 966-0502

Wayne State University School of Medicine

Children's Hospital of Michigan
DMC Detroit Medical Center

Children's Hospital of Michigan Foundation