

REGISTRATION

Best Evidence ENT 2017

August 3-6

Fee

Registration includes CME certification and admission for one (1) to the Kohler Design Center reception on Saturday evening, refreshment breaks all four days of the conference, breakfast on Friday and Sunday and a to go lunch on Saturday. Payment is due at the time of registration.

Physicians, Nurses, PA's and other healthcare providers:

\$395 USD registration fee before May 1, 2017

\$495 USD registration fee on or after May 1, 2017

Additional admission for adult guests to attend the Kohler Design Center reception on Saturday evening can be purchased at a cost of \$75 USD each.

NAME:

DEGREE:

ADDRESS:

CITY/STATE/ZIP:

EMAIL:

Do you have any special needs or food sensitivities?

Total Fee \$_____USD, including additional admission to the Design Center reception (\$75 per person).

Pay by credit card: American Express, MasterCard, Visa, Discover:

- Card Number:
- Expiration Date:
- Name of Card Holder:

Pay by check: Make check payable to: MCW/Otolaryngology

Pay by phone: 414-805-5609

Mail registration with payment to: MCW/Otolaryngology
c/o Diann Fiscus
9200 West Wisconsin Avenue
Milwaukee, WI 53226

Fax registration with payment to: 414-805-7890

Confirmation

A confirmation email will be sent upon receipt of registration.

Refund Policy

Refunds for cancellation will be made if requested in writing before July 1, minus a \$75 USD administrative fee. No refunds will be made on or after July 1. The Department of Otolaryngology and Medical College of Wisconsin reserve the right to alter or cancel this conference if necessary.

If you have questions or need additional information, please contact Diann Fiscus at 414-805-5609 or dfiscus@mcw.edu. A registration form can also be downloaded at www.bestevidenceENT.com.