REGISTRATION FEES:

Early Registration - received by September 2, 2019:

___ Physicians: $100

___ Nurses and other health professionals: $50

Registration - received after September 2, 2019:

___ Physicians: $125

___ Nurses and other health professionals: $75

The registration fees as listed include all conference materials and catered food functions. Please note that if you register without paying, you are responsible for payment whether or not you attend the conference unless you cancel prior to September 13, 2019.

___ Medical students, residents and fellows: fee waived but registration is required.

Please call (573) 882-4349.

ABP MOC Part 2 points: If requesting MOC Part 2 points, please indicate the following required information:

American Board of Pediatrics (ABP) ID:

_____

(if you do not know your ABP ID, check their website at https://www.abp.org/content/verification-certification).

Date of Birth: _____

___ I consent to the University of Missouri transmitting my information to the ACCME upon my successful completion of this activity. I understand that the ACCME will automatically transmit that information to the ABP on my behalf.

Mail completed registration form and payment to:

MU Conference Office
Attn: Rheumatology Symposium
344 Hearnes Center
Columbia, Missouri 65211

7th Annual James and Nancy Cassidy

Rheumatology Symposium

FRIDAY, SEPTEMBER 27, 2019

REGISTRATION FORM

online registration available at:
http://www.cvent.com/d/16qc5c/4W

Name _____
First **Middle** **Last**

Degree _____

___ I DO NOT want my name on the conference roster

Office Name _____

Office Address _____

_____
City **State** **ZIP** **County**

Office Phone _____

Office Fax Number _____

E-mail Address _____

Please indicate if any special arrangements are required to attend this conference:

Registration Questions? Please call 573-882-4349 or 1-866-682-6663

___ Check enclosed (Make payable to the University of Missouri)

Please charge my ___ Visa ___ Mastercard ___ Discover ___ American Express

Print name as it appears on card _____

Signature _____

Mailing address if different from above _____

_____
City **State** **ZIP** **County**

Account Number _____ Exp. Date _____