

Registration

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Specialty _____

(Be sure to include your e-mail address as confirmation/receipt will be sent electronically)

Affiliation _____

Tuition Fee:

Place a (✓) in the appropriate box

\$150 – Physicians

Dinner and Roundtrip Transportation included in Registration Fee

I will attend the Dinner on Thursday, August 27, 2009

The Water's Edge (www.watersedgenyc.com)

Roundtrip Transportation from Roosevelt Hospital will be included.

Dinner included in tuition fee for physicians ONLY.

Complimentary – Residents, Fellows and Physician Assistants
(Pre-Registration Required) *Note: Dinner not included*

\$50 – Dinner for Residents, Fellows and Physician Assistants

Payment Methods:

Online Registration is available and is the preferred method www.chpnet.org/cme

Check payable to SLRHC-CME is enclosed

Credit Card # _____ Exp Date _____

Amex

MasterCard

Visa

Signature _____ Date _____

Payment must accompany registration.

- Fax: 212-523-2074
- Mail: St. Luke's and Roosevelt Hospital, Office of CME,
1111 Amsterdam Avenue, New York, NY 10025

Cancellation policy:

A refund, less a \$25 administrative fee, will be issued upon written request. No refunds will be made after August 6th. St. Luke's and Roosevelt Hospitals reserve the right to cancel this program.

Further Information:

Phone: 212-523-2138 ■ Fax: 212-523-2074

Email: aroman@chpnet.org ■ Website: www.chpnet.org/cme