



**PROGRAM REGISTRATION
APRIL 13-15, 2018**

Name: _____
MD | DO | PhD | PharmD | NP | PA | RN | LCSW | LMSW | Other _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ Fax: (____) _____

Specialty: _____ SSN# _____ (optional: last 4 digits for CME tracking)

Email: _____

May we send educational activity announcements via email? Yes ___ No ___

Method of Payment

Check for \$ _____ enclosed (payable to UTHSC Family Medicine)

Credit Card: Charge \$ _____ to my (circle one) MasterCard | VISA

Credit Card # _____ ***CSC#: _____ (3 digits on back)

Expiration Date: _____ Card Holders Name (Please Print) _____

Signature of Authorization _____

TUITION INFORMATION

Physicians	\$495.00
Other UTHSC Faculty (non presenters and Saint Francis Physicians)	\$350.00
Other Health Care Professionals (Nurse Practitioners, Nurses, Physician Assistants, Pharmacists and Social Workers)	\$395.00
Special Physician Rate for Saturday and Sunday Only	\$395.00
Non-UTHSC Residents (need validation letter from course director)	\$200.00
Prescription Guidelines for Pain Management Only	\$99.00

Tuition includes syllabus material and meals. Confirmation of payment will be sent via email.

Meal Preferences: Vegetarian Yes ___ No ___

For other questions concerning registration, please call
Netia Watson 901.448.6737, fax: 901.448.8006 or nwatson@uthsc.edu
or Leslie Ghandi 901.448.6028, fax: 901.448.0404 or lghandi@uthsc.edu

Written notice of cancellation (mail or fax) must be received by March 13, 2018
No registration fees will be refunded after March 13, 2018

Mail or fax your completed registration form and tuition to:

Netia Watson
UTHSC Family Medicine
956 Court Ave., Suite A307
Memphis, TN 38163
fax: 901.448.8006