

CCF EMPLOYEE REGISTRATION FORM

Course Number: 011634
Course Name: Advanced Management Issues in HIV Medicine
Course Date: May 28-29, 2008
Location: InterContinental Hotel & Bank of America * Cleveland, OH

CCF Employee (includes) CCF Main Campus, CCF Children's Hospital for Rehabilitation, Beachwood, Brunswick, Chagrin Falls, Elyria, Independence, Lakewood, Lorain, Solon, Strongsville, Westlake, Willoughby Hills, Wooster, Ft. Lauderdale/Weston and Anesthesia Department personnel at Huron, Hillcrest, Euclid, Marymount and Lutheran

Complimentary registration includes syllabus, continental breakfast, lunch, refreshment breaks and dinner.

CCF Staff CCF Resident CCF Fellow CCF Nurse
 CCF Allied Health Professional CCF Other Employee _____

I require vegetarian meals. I will attend Thursday, May 28th Dinner/Keynote Address.
 I will attend the breakout session RESISTANCE TODAY on May 29, 2009 (3:00 pm – 4:00 pm)

OR

I will attend the breakout session DIFFICULT PATIENTS on May 29, 2009 (3:00 pm – 4:00 pm)

Check here if you have any special needs that require additional assistance. A CME staff member will contact you to discuss your special requirements.

Please Print:

Name: _____ Degree (initials): _____

Hospital Affiliation: _____ Department Name: _____

Last four (4) digits of SSN: _____ CCF Employee Number: _____ Specialty: _____

CCF Phone: _____ CCF FAX: _____ Mail Code: _____

Mailing Address: _____

City/State/ZIP: _____ Home Phone Number: _____

Email _____

Registration form can be sent by fax to (216) 448-0783 or

Mailed to: The Cleveland Clinic Foundation, 9500 Euclid Avenue, Mail Code KK31, Cleveland, OH 44195