

CLEVELAND CLINIC HEALTH SYSTEM 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

Hospital Affiliation: Euclid, Fairview, Hillcrest, Huron, Lakewood, Lutheran, Marymount, South Pointe
CCHS Affiliates: Grace Hospital, Ashtabula County Medical Center

Registration includes syllabus, continental breakfast, breaks, lunch and dinner.

	<u>Early Bird (by April 15)</u>	<u>Registration Fee after April 15</u>	<u>Onsite</u>
<input type="checkbox"/> CCHS Physician	\$75	\$100	\$125
<input type="checkbox"/> CCHS Fellow	\$0	\$0	
<input type="checkbox"/> CCHS Resident	\$0	\$0	
<input type="checkbox"/> CCHS Nurse	\$75	\$100	\$125
<input type="checkbox"/> CCHS Allied Health Professional	\$75	\$100	\$125
<input type="checkbox"/> CCHS Other _____	\$75	\$100	\$125

I request 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: _____ Last four (4) digits of SSN: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Business Phone: _____ Fax Number: _____

Email _____ Specialty: _____

Charge the following account: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____ Expiration Date: _____ 3/4 digit v-code _____

Total Amount to be Charged: _____

Signature: _____ (Not valid without signature)

CCHS Cost Center Number _____ Signature _____

Administrator

Credit card payment or cost center number may be expedited by completing and faxing this form to: (216) 445-9406 or Mail check and registration form to: The Cleveland Clinic Foundation, P. O. Box 931653, Cleveland, OH 44193-1082