

CCF & CCHS EMPLOYEE REGISTRATION FORM

Course Number: 020522
Course Name: Women's Sports Health Update: Fitness, Injury and Bone Health
Course Date: February 21, 2009 – New Date
Location: Cleveland Clinic Administrative Campus, Bldg 3-LL-120, Beachwood, OH

CCF Employee: 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

CCHS Hospital Affiliation: Euclid, Fairview, Hillcrest, Huron, Lakewood, Lutheran, Marymount, South Pointe

CCHS Affiliates: Grace Hospital, Ashtabula County Medical Center

Registration includes syllabus on CD, continental breakfast, breaks and lunch.

- CCF Staff - \$190.00 CCHS Physician - \$190.00
- CCF/CCHS Resident - \$120.00 CCF/CCHS Fellow - \$120.00 CCF/CCHS Nurse - \$120.00
- CCF/CCHS Allied Health - \$120.00 _____

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/CCHS Phone: _____ CCF/CCHS Fax: _____ Mail Code: _____
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Charge the following account: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

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**Credit card or cost center number payment 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**