

REGISTRATION FORM

Best Practices in the Continuum of Care: Advances in Alzheimer's Disease Management April 16, 2008

Fee: \$210 Non-VA Registration Fee

Fee: \$110 VA Employees

Make checks payable to UAMS CME and return to:

UAMS Continuing Medical Education
4301 West Markham St. (#525)
Little Rock, Arkansas 72205
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If paying by credit card - FAX this form to: (501) 661-7968 or register on-line at
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_____ Expiration Date: _____

Cardholder Name (if different from registrant): _____

Name and Degree: _____

MD DO PA RN APN RPh SW RD Rehab NH Admin
 Speech/Path Other: _____

Affiliation/Firm/VA: _____

City of VA Employed by: _____

Street Address (check if home address): _____

City/State/Zip: _____

Telephone (Daytime): _____ Social Security # XXX-XX-_____

Email: _____

Cancellation must be received in writing. A \$25 administrative fee will be retained for cancellations postmarked on or before April 11, 2008. No refunds will be made for cancellations postmarked after April 11, 2008.