

REGISTRATION FORM

Best Practices in the Continuum of Care: Management of Diabetes in Older Adults May 9, 2007

Fee: \$135 Non-VA Registration Fee

Fee: \$100 VA Employees

Make checks payable to UAMS CME Foundation and return to:

UAMS Continuing Medical Education
4301 West Markham St. (#525)
Little Rock, Arkansas 72205
(501) 661-7962

If paying by credit card: FAX: (501) 661-7968

MasterCard VISA Discover AmEx

_____ 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: _____

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 before May 4, 2007. No refunds will be made for cancellations postmarked after May 4, 2007.