

# REGISTRATION FORM

## Geriatric Medicine Update: Pulmonary Disease in the Elderly February 1-2, 2008

**Fee: \$210 Non-VA Registration Fee**

**Fee: \$110 VA Employees**

Make checks payable to UAMS CME Foundation and return to:

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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/ Univ/VA: \_\_\_\_\_

City of VA Employed by (if applicable): \_\_\_\_\_

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 by January 25, 2008. No refunds will be made for cancellations postmarked after January 25, 2008.**