MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

COURSE REGISTRATION FORM

CLINICAL ISSUES IN THE CARE OF OLDER ADULTS

PALLIATIVE CARE

Thursday, September 28, 2017

REGISTRATION OPTIONS

Mail this form to:
University of Michigan
Department of Internal Medicine CME
24 Frank Lloyd Wright Dr.
Lobby J, Suite 1200
Ann Arbor, MI 48106-5750

Online: medicine.umich.edu/dept/intmed

Fax: (734) 998-0085

CONTACT INFORMATION

REGISTRANT NAME (first, middle initial, last) (as you would like it to appear on your name tag)	DEGREE - select all that apply ❑ MD ❑ DO ❑ PhD ❑ PA ❑ NP ❑ RN ❑ Other: SPECIALTY:
PREFERRED MAILING ADDRESS.....select one	❑ HOME ❑ BUSINESS

ADDRESS

CITY	STATE	ZIP OR POSTAL CODE	COUNTRY

CONTACT PHONE NUMBER(S):

❑ CELL / HOME ❑ WORK

EMAIL ADDRESS (Receipts and confirmations are sent via email. Please print clearly.)	SPECIAL ACCOMMODATIONS

BREAKOUT SESSION TOPIC OPTIONS

Participants will have the opportunity to attend two breakout sessions in the afternoon (refer to the three available session topics below). Please indicate the two topics you are most interested in attending. We will make every effort to accommodate your choices.

❑ Improving Communication Skills ❑ Strategies for Dealing with Grief and Loss ❑ Nuts and Bolts of using Opioids

RATE & PAYMENT INFORMATION

REGISTRATION OPTIONS	PHYSICIAN	PHYSICIAN-IN-TRAINING, RE-TIRED PHYSICIAN, RN & ALLIED HEALTH	U-M FACULTY & STAFF
FULL COURSE	❑ $205	❑ $150	❑ $105
PRINTED SYLLABUS (BE GREEN! Electronic syllabus is free)	❑ $15	❑ $15	❑ $15

Please enclose a check (U.S. currency) payable to the *University of Michigan* or pay by credit card below. Payment must accompany registration.

CREDIT CARD: ❑ AmEx ❑ Discover ❑ MasterCard ❑ Visa

CARD # EXP. DATE SECURITY CODE

NAME ON CARD (Please print)

SIGNATURE (Not valid without signature)