REGISTRATION FORM

Maintenance of Certification (MOC) Study Sessions Saturday, June 10, 2017



REGISTRATION OPTIONS



Ann Arbor, MI 48106-5750

SIGNATURE (Not valid without signature)



CONTACT INFORMATION

REGISTRAINT INAME (first, middle initial, last)			DEGREE - select all that apply													
(As you would like it to appear on your name tag)			١	ИD		DC) [1	PhD		PA		NP		RN	
		☐ Other - specify:														
				SPECIALTY:												
PREFERRED MAILING ADDRESSselect one			☐ HOME ☐ BUSINESS													
ADDRESS																
CITY	STATE	ZIP	C	R PC	DST/	AL C	ODE		СО	UNT	ΓRY					
CONTACT PHONE NUMBER(S):																
□ CELL / HOME			□ WORK													
EMAIL ADDRESS (Receipts and confirmations are sent via email)			SPECIAL ACCOMMODATIONS													
rate & payment information																
Maintenance of Certificat	tion (MOC) S	tudy	, S	Acci	ion	s S	atur	do	ıv lu	ne	10	201	7			
You are not considered registered until paym	•													n Inti	ernal	
Medicine and 2017 Update in Hospital Medicin	ne Modules, refre		en													
Physician attending the Internal Medicine Board Review			d. —								<u> </u>	1 \$100				
												180				
Physician NOT attending the Internal Medicine Board Review												\$ 80				
U-M faculty and staff attending the Internal Medicine Board Revie												160				
U-M faculty NOT attending the Internal Medicine Board Review																
Please enclose a check (U.S. currency) payable to the Payment must accompany registration.	e University of M	ichigo	an	or po	ay b	y cre	dit ca	rd	below.							
CREDIT CARD: ☐ AmEx ☐	Discover		☐ Maste			aster	Card		☐ Visa							
CARD #					EXP. DATE						SEC.CODE					
NAME ON CARD (Please print)																