

REGISTRATION FORM

U-M MOVEMENT DISORDERS FOR THE NON-NEUROLOGIST Friday, September 14, 2018

REGISTRATION OPTIONS

By Fax or Mail:

Department of Internal Medicine CME

University of Michigan 24 Frank Lloyd Wright Dr.

24 Frank Lloyd Wright Dr. Lobby J, Suite 1200

Ann Arbor, MI 48106-5750

By Fax: (734) 998-0085

Online: medicine.umich.edu/dept/intmed

By Phone: (734) 232-3469

On-site registration will also be available;

check or credit card only on-site.

Registration Deadline to guarantee

materials: August 30, 2018

CONTACT INFORMATION									
REGISTRANT NAME (first, middle initial, last)			DEGREE - select all that apply						
			MD		DO		PhD	□ PA	
			NP		RN		Othe	er:	
			SPECIALTY:						
PREFERRED MAILING ADDRESS	select one		HOME				BUSIN	IESS	
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 clearl ;	ly.)	SPECIA	AL A	CCOI	MMO	DATI	SNC	
HOW DID YOU HEAR ABOUT THIS PROGRAM? MAILED BROCHURE EMAILED BROCHURE UOFM WEBSITE OTHER									
	□ UOFM WE	BOII	Е Ц	OIF	1EK				

RATE & PAYMENT INFORMATION

REGISTRATION OPTIONS	GENERAL RATE
Full Course	□ \$150

There are no partial day registrations for this course. Refunds can be processed up to a week in advance but a \$50 service fee will be charged. Please enclose a check (U.S. currency) payable to the University of Michigan or pay by credit card (see below).

All registrations are considered confirmed once payment is received. All registrations taken by phone, fax or online will receive an email confirmation. Please call (734) 232-3469 with any questions or concerns.

CREDIT CARD:	□AmEx	□Discover	□MasterCard	□Visa
CARD #		EX	P. DATE	SECURITY CODE #

NAME ON CARD (Please print)

SIGNATURE (Not valid without signature)