

# COURSE REGISTRATION FORM

## 3rd International Conference on Polymyxins

April 25-26, 2018 • Hospital Universitario 12 de Octubre, Madrid, Spain

### 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](http://medicine.umich.edu/dept/intmed)



Fax: (734) 998-0085

### CONTACT INFORMATION

REGISTRANT NAME (first, middle initial, last) DEGREE - select all that apply  
(as you would like it to appear on your name tag)

- 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

**RSVP - WELCOME RECEPTION • 7:00-8:00 pm • Tuesday, April 24, 2018 (no charge)**

WILL ATTEND     WILL NOT ATTEND

**RSVP - CONFERENCE DINNER at restaurant Serrano 100 • 8:30-10:30 pm • Wednesday, April 25, 2018  
(approximately \$43 per person, paid on site)**

WILL ATTEND     WILL NOT ATTEND

### RATE & PAYMENT INFORMATION

REGISTRATION OPTIONS	GENERAL RATE	U-M FACULTY & STAFF
Early Registration - On or Before February 21, 2018	<input type="checkbox"/> \$475	<input type="checkbox"/> \$0
Late Registration - After February 21, 2018	<input type="checkbox"/> \$650	<input type="checkbox"/> \$0
Trainee	<input type="checkbox"/> \$150	<input type="checkbox"/> \$0

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)