

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



Fax: (734) 998-0085

CONTACT INFORMATION

REGISTRANT NAME (first, middle initial, last) <small>(as you would like it to appear on your name tag)</small>		DEGREE - select all that apply			
		<input type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> PhD	<input type="checkbox"/> PA
		<input type="checkbox"/> NP	<input type="checkbox"/> RN	<input type="checkbox"/> Other:	
PREFERRED MAILING ADDRESS.....select one		SPECIALTY:			
ADDRESS		<input type="checkbox"/> HOME	<input type="checkbox"/> BUSINESS		
CITY	STATE	ZIP OR POSTAL CODE	COUNTRY		
CONTACT PHONE NUMBER(S):					
EMAIL ADDRESS <small>(Receipts and confirmations are sent via email. Please print clearly.)</small>			SPECIAL ACCOMMODATIONS		

RATE & PAYMENT INFORMATION

REGISTRATION OPTIONS	GENERAL RATE	U-M FACULTY & STAFF	PRINTED SYLLABUS
Early Registration - On or Before February 21, 2018	<input type="checkbox"/> \$475	<input type="checkbox"/> \$0	<input type="checkbox"/> \$20
Late Registration - After February 21, 2018	<input type="checkbox"/> \$650	<input type="checkbox"/> \$0	<input type="checkbox"/> \$20

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) _____