

5th Annual Colorectal Symposium: Closing the Borders

Registration

March 6 - 7, 2009

Name: _____

Profession: MDRN/PA Student MD/RN Allied Health Other

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Phone () _____ Fax () _____

Signature _____

Fees

	2-day	1-day	Please circle one
Physician	\$200	\$100	(Friday/ Saturday)
Nurse or Physician Assistant	\$150	\$75	
Resident or Nursing student	\$50	\$25	
Allied Health Professional	\$100	\$50	
Public/others	\$80	\$40	
Total Course Cost	_____		\$ _____

Credit Card Information

To expedite your registration, please fax it to Lifespan - Health Connection (401) 444-2995 or call (401)444-4800. Once faxed, please do not mail a duplicate registration.

Credit Card Number: _____

Visa Master Card American Express

Signature: _____

Credit Card Security Code (3 or 4 digits) _____

Expiration date: _____

Make all checks payable to
"Miriam Hospital CME"
Mail Attn Ms. Pamela Drapcho
Lifespan Health Connection
593 Eddy Street
Providence, RI 02903

No refunds will be made one week prior to the meeting.
Registration will not be completed until payment has been received or processed.
Any registrations ON-SITE there will be an extra charge of \$50
Fee includes breakfast/lunch/brunch each day