



Nutrition & Health

CONFERENCE-2010

Please Print or Type

Name _____

Specialty Area _____

Institution _____

Address _____

_____ Work Address Home Address

City _____ State/Country _____

Zip/Postal Code _____ Daytime Phone _____

Fax _____ Email _____

Degree MD DO NP RD Other _____

I heard about this conference from (circle one): email, brochure mailing, other (please specify) _____

I would prefer a non-fish vegetarian meal *To request special accommodation for a disability, please call 520-626-7832 or email uofacme@email.arizona.edu*

I have the following food allergy/special diet request _____

Concurrent Session Selection *(Please pick one from each)*

#1 (Monday, 2:15 pm) 1st choice _____ 2nd choice _____

#2 (Monday, 3:30 pm) 1st choice _____ 2nd choice _____

#3 (Tuesday, 2:30 pm) 1st choice _____ 2nd choice _____

#4 (Tuesday, 3:45 pm) 1st choice _____ 2nd choice _____

I plan to attend the Public Forum on Tuesday, May 11 *(included in registration fee)*

I do not plan to attend the Public Forum on Tuesday, May 11

	Early Bird Registration before March 1	Registration after March 1
<input type="checkbox"/> MD, DO, ND & other physicians	<input type="checkbox"/> \$745	<input type="checkbox"/> \$845
<input type="checkbox"/> Nurses, dietitians, pharmacists, allied health professionals, practitioners in training* and others	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700
<input type="checkbox"/> AzCIM MD/DO Fellows & Alumni	<input type="checkbox"/> \$645	<input type="checkbox"/> \$745
<input type="checkbox"/> AzCIM NP/PA Fellows & Alumni	<input type="checkbox"/> \$545	<input type="checkbox"/> \$645

\$350 daily rate - Monday Tuesday Wednesday

* Practitioners in training must include a letter of verification from training program with registration to qualify for reduced tuition fee.

A limited number of students will be awarded partial scholarship registrations of \$325. See inside brochure for details.

Tuition includes course materials, continuing education credit, and meals designated in program.

Enclosed is a check or money order in U.S. dollars made payable to The University of Arizona Foundation. Tuition paid to The University of Arizona Foundation is not a tax deductible gift contribution. Tuition, meals, and lodging may be tax deductible as education expenses. Check with your tax advisor.

Please charge my Visa Mastercard AMEX Amount \$ _____

Card No. _____ Exp. Date _____

Cardholder's Name _____

Cardholder's Signature _____

Complete registration form and mail with payment to: Office of Continuing Medical Education, PO Box 245121, Tucson, AZ 85724-5121. Or fax completed registration form with credit card information to: (520) 626-2427. Cancellations received in writing on or before April 26, 2010, will be refunded, less a \$50 administrative fee. No refunds will be made after that date. Substitute participants will be accepted.

DO NOT include me in the registrant list to be provided to all course attendees.