

Registration Form

Advanced Registration is Required

Please **print** your name and affiliation as you would like it to appear on your name badge.

Name: _____

Profession: (Nurse, Physical Therapist, etc.) _____

Degree/Certification: _____

Affiliation: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Area Code/Phone Number: _____

E-mail address: _____

Special Needs: _____

Credit Cards Accepted: MasterCard, Visa or Discover (Circle One)

Credit Card Number: _____

Expiration Date: _____

Signature (required): _____

Please print name as it appears on credit card:

Please check the appropriate box:

\$90.00 early bird registration fee (must register by April 10, 2012)

\$100.00 registration fee (registered after April 10, 2012)

Mail or fax registration form and payment to:

Ms. Annette Bottrell

Southern Illinois University School of Medicine

P.O. Box 19638

Springfield, IL 62794-9638

Phone: (217) 545-7133

Fax: (217) 545-8505

This form can be reproduced and/or enlarged.

You will receive a confirmation of your registration by e-mail or phone.