

10th Annual Dermatology for the Non-Dermatologist

May 27-31, 2009

REGISTRATION FORM

FOR FURTHER INFORMATION PLEASE CALL THE OFFICE OF CONTINUING PROFESSIONAL DEVELOPMENT AT 813-974-4296 OR 1-800-852-5362

PLEASE COMPLETE THE REGISTRATION FORM AND MAIL IT WITH YOUR PAYMENT TO:

ATTN: PN2009404/1116
UNIVERSITY OF SOUTH FLORIDA OFFICE OF CONTINUING PROFESSIONAL DEVELOPMENT
P.O. BOX 864240, ORLANDO, FLORIDA 32886-4240
OR FAX TO: 813-974-3217
OR REGISTER ONLINE AT:
WWW.CME.HSC.USF.EDU/DERMATOLOGY

NAME	BIRTH DATE: (MM/DD)	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
TITLE (MD, RN, ETC.)	SPECIALTY	
ADDRESS	COUNTY	
CITY	STATE	ZIP
DAYTIME PHONE	FAX NUMBER	

EMAIL ADDRESS

TYPE OF CREDIT REQUESTED: <input type="checkbox"/> MD/DO <input type="checkbox"/> DPM <input type="checkbox"/> PA <input type="checkbox"/> ARNP	<input type="checkbox"/> RESIDENT/FELLOW <input type="checkbox"/> RN <input type="checkbox"/> AAFP <input type="checkbox"/> ALL OTHERS _____	HOW DID YOU HEAR ABOUT THIS PROGRAM? <input type="checkbox"/> INTERNET <input type="checkbox"/> COLLEAGUE <input type="checkbox"/> MEDICAL JOURNAL <input type="checkbox"/> BROCHURE <input type="checkbox"/> VENDOR <input type="checkbox"/> OTHER	LICENSE # REQUIRED FOR NURSES _____
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"BURNING QUESTION" I WOULD LIKE THE FACULTY TO ADDRESS DURING THE PROGRAM:

REGISTRATION FEES

ENCLOSED ARE MY FEES FOR:

- EARLY REGISTRATION (THROUGH DECEMBER 31, 2008) \$549
 EARLY REGISTRATION (THROUGH DECEMBER 31, 2008)
RESIDENT/MEDICAL STUDENT (PROOF REQUIRED) \$412

WORKSHOP FEES (OPTIONAL)

- CODING & DOCUMENTATION WORKSHOP
(BUFFET DINNER INCLUDED) WORKSHOP \$150
 ELECTROSURGERY/CRYOSURGERY/BIOPSY
SPACE IS LIMITED \$150
 CLINICAL SKILLS WORKSHOP
OUR MOST POPULAR WORKSHOP! \$125
 DERMATOLOGIC SURGERY WORKSHOP*
(*MUST BRING YOUR OWN INSTRUMENTS) \$275

ATTEND ALL 4 WORKSHOPS FOR DISCOUNTED

PACKAGE PRICE OF \$499

LUNCHEON MEETINGS REGISTRATION (OPTIONAL)

- ASK THE EXPERTS PANEL
BOXED LUNCH INCLUDED \$25

WINE AND CHEESE RECEPTION - MAY 28, 2009

- I WILL
 ATTEND THE WELCOME RECEPTION
 NOT ATTEND THE WELCOME RECEPTION
 BRING A GUEST TO THE WELCOME RECEPTION
GUEST FEE FOR WINE AND CHEESE RECEPTION . . . \$35.00 PER PERSON

NUMBER OF GUESTS _____

ENCLOSED IS MY CHECK
MADE PAYABLE TO: **USF HPCO**
IN THE AMOUNT OF \$ _____

MAIL TO ADDRESS LISTED ABOVE.

CREDIT CARD: VISA MASTERCARD AMEX

IN THE AMOUNT OF \$ _____

CARD NUMBER _____

EXP. DATE _____

SECURITY CODE/CCV
(AMEX-4 digits on front, MC/Visa-3 digits on back)

NAME ON CARD (PRINT) _____

SIGNATURE _____

PN2009404/1116