

REGISTRATION

Advances in Neurology and Neurosurgery 2016 - Bakersfield

Saturday, March 12, 2016

Marriott Bakersfield, Bakersfield, California

Ways to register:

- **Online registration:** www.csmc.edu/cme and click on CME Courses
- **Mail form to:** Cedars-Sinai Medical Center,
Office of Continuing Medical Education; Attn: Registration
8797 Beverly Boulevard, Suite #250, Los Angeles, CA 90048
- **Fax form to:** (310) 423-8596

Please Print Clearly

Last Name _____ First Name _____

Degree: _____ Specialty: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

*Email _____

***An email address is required to register for the conference**

Registration Fees:

	Physician	Allied Health (RN, MSN, NP)
Received <u>by</u> 02/26/2016	<input type="checkbox"/> \$115	<input type="checkbox"/> \$80
Received <u>after</u> 02/26/2016	<input type="checkbox"/> \$135	<input type="checkbox"/> \$90

*Resident/Fellow will need to provide Residency/Fellowship program name, director's name, and director's email address.

Please Charge My:

Visa MasterCard or American Express for \$ _____


Credit Card No. _____ CCV Security Code _____ Exp. Date _____

(Please Print) Name on Card _____ Authorized Signature _____

Check enclosed payable to CSMC for \$ _____

Refund Policy

All cancellations must be submitted in writing and refunds will be subject to a \$40 administrative charge. No refunds will be given after March 4, 2016. Please e-mail cancellation request to cme@cshs.org. If you do not receive confirmation of your cancellation via e-mail, please call (310) 423-5548.

 We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us better serve you.

How did you learn about this CME activity?

___ Brochure or other printed material ___ Cedars-Sinai CME website ___ Internet search (Google, Yahoo, etc)
___ Email Announcement ___ Colleague ___ Past Participant ___ Internal Cedars-Sinai Communication Other: _____