

REGISTRATION

Transcranial Doppler for Comprehensive Stroke Care

Thursday, March 31 – Saturday, April 2, 2016

Advanced Health Science Pavilion, Cedars-Sinai Medical Center, Los Angeles, CA

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 Fee: \$1200

Please Charge My:

Visa MasterCard or American Express for \$ _____

Credit Card No.	CCV Security Code	Exp. Date
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(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 \$100 administrative charge. No refunds will be given after March 24, 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: _____