REGISTRATION

The Urologic Management of the Aging Patient

Saturday, April 16, 2016

Harvey Morse Conference Center, Cedars-Sinai Medical Center, Los Angeles

Last Name ______First Name _____

Ways to register:

Please Print Clearly

- 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

Degree:	Specialty:			
Address				
City			State Zip	
Phone		Fax		
*Email_ *An email address is <u>required</u>	to register for the confe	rence		
Registration Fees:				_
	Physician	Allied Health (RN,NP,CNM)	*Resident/Fellow	
Received <u>by</u> 03/21/16	□ \$150	□ \$120	□ \$60	
Received after 03/21/16	□ \$180	□ \$145	□ \$75	
*Resident/Fellow will need to provide	e Residency/Fellowship progr	am 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 \$			
			inistrative charge. No refunds will nfirmation of your cancellation via	
We encourage participation serve you.	on by all individuals. If you	u have a disability, advance	notification of any special needs v	vill help us better
How did you learn about this 0 Brochure or other printed n Email Announcement	naterial Cedars-Sina		et search (Google, Yahoo, etc) -Sinai Communication Other:	