

REGISTRATION FORM

REGISTRATION Register early, space is limited. All foreign payments must be made by a draft on a United States bank or by Visa or MasterCard. Telephone registrations are not accepted. If paying by check, make it payable to Harvard Medical School and mail with the completed registration form to: **Harvard Medical School - Department of Continuing Education, P.O. Box 825, Boston, MA 02117-0825**. If paying by credit card, fax the completed registration form to (617) 384-8686, mail it to the above address, or register online at www.cme.hms.harvard.edu/courses/2007workshop

INQUIRIES Inquiries should be directed to the above address, made by phone: (617) 384-8600, Monday-Friday, 10AM to 4PM (EST), or by email: hms-cme@hms.harvard.edu. Upon receipt of registration a confirmation letter will be mailed to the address listed on the form.

REFUND POLICY A handling fee of \$60 is deducted for cancellation. Refund requests must be received by mail or fax one week prior to the course. No refunds will be made thereafter.

International Conference on Glioma Research & Therapy October 10-13, 2007

COURSE # 2714128

Registration Fee

- Physicians**
- Residents* & Fellows-in-Training***
- Allied Health Professionals**

**A letter of verification from Department Chair must accompany application for a reduced fee.*

Tuition

\$500 (USD)
\$300 (USD)
\$300 (USD)

Full Name

Degree

Street Address

City

State/Province

Zip/Postal Code

Country

Daytime Phone

Fax Number

Email Address

Please check if you wish to be excluded from receiving email notices of future HMS-CME programs.

Professional School Attended

Year of Graduation

Principal Specialty

Board Certified? Yes No

Organization Affiliation

PAYMENT INFORMATION:

Check is enclosed: Make check payable to Harvard Medical School and mail it with this form to: Harvard Medical School - Department of Continuing Education P.O. Box 825, Boston, MA 02117-0825

Bill my credit card: VISA MASTERCARD

Credit Card Number

Expiration Date

Tuition Fee

Name as it Appears on Card

Signature

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