



Infectious Diseases of Adults 2015

April 27- May 1, 2015

Boston, MA

Course # 352580

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To Register by Mail:

Complete the fields below and on the attached page(s) and include a check (draft on a United States bank) payable to:

Harvard Medical School Department of Continuing Education

Mail these completed forms and your check to:

Harvard Medical School Department of Continuing Education

P.O. Box 417476

Boston, MA 02241-7476

You can also register online and pay by credit card (VISA, MasterCard or American Express) at:
ID.HMSCME.com

Please print your name clearly below. All fields are required.

Full Name _____

Profession _____ Degree _____

Street Address _____

City _____ State/Prov. _____ Zip Code _____ Country _____

Daytime Phone (____) _____ Fax Number _____

Email Address _____

Please note: Your email address is used for critical information, including registration confirmation, evaluation and certificate. Please be sure to include an email address that you check daily or frequently.

Physicians, Please Also Complete These Required Fields

Primary Specialty _____

Professional School Attended:
(please check one)

[☐] Harvard Medical School

[☐] U.S. Medical School

[☐] International Medical School

Year of Graduation:

Board Certified:
(please check one)

[☐] Yes

[☐] No

Questions? Call 617-384-8600 Monday–Friday 9 a.m.–5 p.m. (ET) or send an email to hms-cme@hms.harvard.edu

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Full Name _____

Course Tuition

All fees in USD

Register after
March 16, 2015

Register by
March 16, 2015
(SAVE \$100)

Please check one of the gray boxes below to indicate your role

<input type="checkbox"/>	Physician	\$1,250	\$1,150
<input type="checkbox"/>	Allied Health Professional	\$950	\$850
<input type="checkbox"/>	Resident, Fellow in Training (early registration discount does not apply)	\$750	\$750
<input type="checkbox"/>			

Course Syllabus

*All attendees receive a flash drive with an electronic copy of the course syllabus.
If you wish to additionally purchase a printed copy of the syllabus, please check the gray box below and add \$50 to the tuition as indicated.*

<input type="checkbox"/>	OPTIONAL: Printed Course Syllabus	\$50	\$50
Please indicate your total here →		\$ _____	\$ _____

Payment, Confirmation, Refund Policy

Refunds, less an administrative fee of \$75, will be issued for all cancellations received two weeks prior to the start of the course. Refund requests must be received by postal mail, email, or fax. No refund will be issued should cancellation occur less than two weeks prior. "No shows" are subject to the full course fee and no refunds will be issued once the conference has started. Please do not make non-refundable travel arrangements until you've received an email confirming your registration.

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