

52<sup>nd</sup> Annual Update

# OBSTETRICS and GYNECOLOGY 2015

March 15-20, 2015 Boston, MA

Course #352860



HARVARD  
MEDICAL SCHOOL

>To register by mail please complete this form (all fields required) and include a check (draft on a United States bank) payable to:

Harvard Medical School  
Department of Continuing Education

>Mail this completed form and your check to:

Harvard Medical School  
Department of Continuing Education  
P.O. Box 417476  
Boston, MA 02241-7476

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 have received an email confirming your registration.

Please check one of the four boxes below to indicate the program(s) for which you are registering.	Tuition
<input type="checkbox"/> <b>Attending Full Conference (All three programs)</b> <input checked="" type="checkbox"/> <b>Clinical Obstetrics</b> (March 15-16) <input checked="" type="checkbox"/> <b>Minimally Invasive Gynecologic Surgery, UroGynecology, Gynecologic Oncology</b> (March 17-18) <input checked="" type="checkbox"/> <b>Reproductive endocrinology and infertility</b> (March 19-20)	\$1,700 (Save \$700)
<input type="checkbox"/> Check here if you are a resident or fellow in training and attending Full Conference (All three programs)** <i>Discounts do not apply for residents and fellows enrolling for the options below.</i> <i>** A letter from the Department Chair or Residency Program Director, indicating that you are a resident or fellow in training, must accompany the registration form.</i>	\$1,000
<input type="checkbox"/> <b>Attending two of the three programs</b> (Please indicate the two programs below) ___ <b>Clinical Obstetrics</b> (March 15-16) ___ <b>Minimally Invasive Gynecologic Surgery, UroGynecology, Gynecologic Oncology</b> (March 17-18) ___ <b>Reproductive endocrinology and infertility</b> (March 19-20)	\$1,400
<input type="checkbox"/> <b>Attending one of the three programs</b> (Please indicate the program below) ___ <b>Clinical Obstetrics</b> (March 15-16) ___ <b>Minimally Invasive Gynecologic Surgery, UroGynecology, Gynecologic Oncology</b> (March 17-18) ___ <b>Reproductive endocrinology and infertility</b> (March 19-20)	\$800
<input type="checkbox"/> Optional: Check here to additionally receive printed materials for a fee of \$50* <i>* All attendees receive a flash drive with course materials. Check this box only if you wish to additionally receive printed materials for a fee of \$50. You will receive printed materials for each of the programs for which you have registered.</i>	\$50
All fees in USD. <b>YOUR TOTAL</b>	\$ _____

Questions? Call 617-384-8600 Mon-Fri 9am – 5pm(EST) or Send email to [hms-cme@hms.harvard.edu](mailto:hms-cme@hms.harvard.edu)

You can also register by credit card (VISA, MasterCard or American Express) online at [obgyn.HMSCME.com](http://obgyn.HMSCME.com)

Please print clearly. All fields required.

Full Name \_\_\_\_\_

Profession \_\_\_\_\_ Degree \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip \_\_\_\_\_ 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 \_\_\_\_\_

Board Certified? \_\_\_\_ Yes \_\_\_\_ No

Professional School Attended \_\_\_\_ Harvard Medical School \_\_\_\_ US Medical School \_\_\_\_ International Medical School

Year of Graduation \_\_\_\_\_