

52nd 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**

A handling fee of \$60 is deducted for cancellation. Refund requests must be received by postal mail, email, or fax one week prior to this activity. No refunds will be made thereafter. 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"/> Attending Full Conference (All three programs) <input checked="" type="checkbox"/> Clinical Obstetrics (March 15-16) <input checked="" type="checkbox"/> Minimally Invasive Gynecologic Surgery, UroGynecology, Gynecologic Oncology (March 17-18) <input checked="" type="checkbox"/> Reproductive endocrinology and infertility (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>	1,000
<input type="checkbox"/> Attending two of the three programs (Please indicate the two programs below) ___ Clinical Obstetrics (March 15-16) ___ Minimally Invasive Gynecologic Surgery, UroGynecology, Gynecologic Oncology (March 17-18) ___ Reproductive endocrinology and infertility (March 19-20)	\$1,400
<input type="checkbox"/> Attending one of the three programs (Please indicate the program below) ___ Clinical Obstetrics (March 15-16) ___ Minimally Invasive Gynecologic Surgery, UroGynecology, Gynecologic Oncology (March 17-18) ___ Reproductive endocrinology and infertility (March 19-20)	\$800
<input type="checkbox"/> Optional: Check here to additionally receive printed materials for an additional fee of \$50* <i>* All attendees receive a flash drive with course materials. Check this box only if you wish to additionally receive (at a fee of \$50) printed versions of the course materials. You will receive printed materials for each of the programs for which you have registered.</i>	\$50
All fees in USD.	
YOUR TOTAL	\$ _____

You can also register by credit card (VISA, MasterCard or American Express) online at www.HMSCME.com/OBGYN

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

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 _____