



# Pulmonary and Critical Care Medicine 2015

**April 26-29, 2015**

**Boston, MA**

**Course # 352605**

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## To Register by Mail:

Complete the fields below and on the attached page 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:  
[PCC.HMSCME.com](http://PCC.HMSCME.com)

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

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

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

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

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

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*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.*

[ ] Check here if you wish to be excluded from receiving email notification of future Harvard Medical School Department of Continuing Education programs.

## 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](mailto:hms-cme@hms.harvard.edu)

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

## Course Tuition

*All fees in USD*

Register after  
Feb. 28, 2015

Register by  
Feb. 28, 2015

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

<input type="checkbox"/>	Physician	\$995	\$895
<input type="checkbox"/>	Allied Health Professional	\$795	\$695
<input type="checkbox"/>	Resident or Fellow in Training	\$795	\$695

## 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
<b>Please indicate your total here →</b>		<b>\$ _____</b>	<b>\$ _____</b>

### 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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