Office Practice of
PRIMARY CARE MEDICINE 2015

March 16-20, 2015 Boston, MA Course #352490

	Register after January 31, 2015	**Register by January 31, 2015 (SAVE $100)**
Physicians	$1,645	$1,545
Allied Health Professionals, Residents, and Fellows in Training	$1,445	$1,345
[ ] Optional: Check here to receive a printed version of the course syllabus*	$50 (optional)	$50 (optional)
All fees in USD. **YOUR TOTAL**	$_____	$_____

** All attendees will receive a flash drive with all of the course materials.*
Check this box only if you wish to additionally receive (at a fee of $50) a printed version of the course syllabus.

To register by mail, please complete both pages of 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.

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

Please print clearly. All fields required. **Use the next page to indicate your workshop preferences.**

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 _____

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Workshop Sign-Up Form

Full Name _____

For each workshop below, please indicate your first, second, and third choices by inserting the appropriate workshop number (A1, A2, etc.) in the spaces provided.

Please DO NOT sign up for the same workshop as your first choice more than once. Preference is given by the order in which workshop registrations are received (note – if you do not sign up appropriately or at all, the course coordinator will contact you). To ensure workshop registration on receipt of application, please follow instructions carefully.
See program for specific workshop titles. Since seating is limited, workshops are assigned on a first-come, first-served basis.

WORKSHOPS (Codes A1 – I8)

Monday March 16	Tuesday March 17	Wednesday March 18	Thursday March 19	Friday March 20
Workshop A	**Workshop C**	**Workshop E**	**Workshop G**	**Workshop I**
1st choice _____	1st choice _____	1st choice _____	1st choice _____	1st choice _____
2nd choice_____	2nd choice_____	2nd choice_____	2nd choice_____	2nd choice_____
3rd choice_____	3rd choice_____	3rd choice_____	3rd choice_____	3rd choice_____
Workshop B	**Workshop D**	**Workshop F**	**Workshop H**	
1st choice _____	1st choice _____	1st choice _____	1st choice _____	
2nd choice_____	2nd choice_____	2nd choice_____	2nd choice_____	
3rd choice_____	3rd choice_____	3rd choice_____	3rd choice_____	

MEET-OUR-MASTER-CLINICIANS FORUMS

Tuesday March 17 (Codes T1-T8)	Thursday March 19 (Codes TH1-TH8)
1st choice _____	1st choice _____
2nd choice_____	2nd choice_____
3rd choice_____	3rd choice_____

This program, inclusive of all sessions, workshops and Meet-Our-Master-Clinicians forums can be viewed at

www.HMSCME.com/PrimaryCare