



# 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
<input type="checkbox"/> Optional: Check here to receive a printed version of the course syllabus*	\$50 (optional)	\$50 (optional)
All fees in USD. <b>YOUR TOTAL</b>	\$ _____	\$ _____

\* All attendees receive a flash drive with all of the course materials. Check this box only if you wish to additionally purchase (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**

Refunds, less an administrative fee of \$75, will be issued for all cancellations received two weeks prior to the start of the course. 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.

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

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
<b>Workshop A</b> 1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____ 3 <sup>rd</sup> choice _____	<b>Workshop C</b> 1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____ 3 <sup>rd</sup> choice _____	<b>Workshop E</b> 1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____ 3 <sup>rd</sup> choice _____	<b>Workshop G</b> 1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____ 3 <sup>rd</sup> choice _____	<b>Workshop I</b> 1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____ 3 <sup>rd</sup> choice _____
<b>Workshop B</b> 1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____ 3 <sup>rd</sup> choice _____	<b>Workshop D</b> 1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____ 3 <sup>rd</sup> choice _____	<b>Workshop F</b> 1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____ 3 <sup>rd</sup> choice _____	<b>Workshop H</b> 1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____ 3 <sup>rd</sup> choice _____	

### MEET-OUR-MASTER-CLINICIANS FORUMS

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

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

**PrimaryCare.HMSCME.com**

Source Code = D