



# **RISK MANAGEMENT UPDATE**

## **for Physicians and Other Healthcare Providers**

**Friday December 12 - Saturday December 13, 2014**  
**Boston, MA**

Course # 341372	Tuition: All fees shown in USD	Physicians, Attorneys, and Doctoral-Level Professionals	Other Health Professionals, Residents, Fellows, and Trainees
<b>Risk Management Update:</b> <b>Liability Protection and Prevention</b> (Friday, Dec 12) <b>Courtroom Preparation and Survival</b> (Saturday, Dec 13)		\$595	\$395
<b>Liability Protection and Prevention <i>only</i></b> (Friday, Dec 12, 2014)		\$350	\$250
<b>Courtroom Preparation and Survival <i>only</i></b> (Saturday, Dec 13, 2014)		\$350	\$250

To register by mail, complete the fields below 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**

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

**Please print your name clearly below. All fields are 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 \_\_\_\_\_