Communication in Serious Illness

June 4–6, 2015   Boston, MA   Course # 3524654

All fees shown in USD	Course Tuition
Physicians **Psychologists**	**$875**
Allied Health Professionals **Social Workers** **Chaplains** **Residents/Fellows in Training**	**$675**

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
   P.O. Box 417476
   Boston, MA 02241-7476

You can also register online by credit card (VISA, MasterCard, or American Express) at

SeriousIllness.HMSCME.com

Payment via credit card (VISA, MasterCard, or American Express) or check only. Telephone, fax, and cash-payment registrations are not accepted. Upon receipt of your paid registration, an email confirmation from the HMS DCE office will be sent to you. Be sure to include an email address that you check frequently. Your email address is used for critical information, including registration confirmation, evaluation distribution, and certificate delivery. 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 print your name clearly below. All fields are required.

Full Name
_____
First   Middle Name/Initial   Last

Profession _____ Degree(s) _____

Mailing Address
_____
Street

_____
City   State/Prov   Zip/Postal Code   Country

Daytime Phone _____ Fax Number _____

Email Address _____

Please note: Your email address is used for critical information about the course, including registration confirmation, evaluation distribution, and ***certificate delivery. Please be sure to include an email address you check daily or frequently.***

Physicians, Please Also Complete These Required Fields

Primary Specialty _____ Board Certified: ☐ Yes ☐ No

Professional School Attended ☐ Harvard Medical School   ☐ U.S. Medical School   ☐ International Medical School

Year of Graduation _____

Source Code = D

Questions? Call 617-384-8600 Monday–Friday 9 a.m.– 5 p.m. (ET) or send an email to hms-cme@hms.harvard.edu