

Communication in Serious Illness

June 4-6, 2015

Boston, MA

Course # 3524654

| All fees shown in USD | Course Tuition |
|--|-------------------|
| Physicians | \$875 |
| Allied Health Professionals Residents/Fellows in Training Social Workers | \$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

SeriousIIIness.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. A handling fee of \$75 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 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 Cod | e Country | |
| Daytime Phone | Fax Number | | | |
| Please note: Your email address is | excluded from receiving email notices used for critical information about the to include an email address you o | e course, including registration co | nfirmation, evaluation distribution, and | |
| 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 | |