



# 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. Refund requests must be received by postal mail, email, or fax. 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](mailto:hms-cme@hms.harvard.edu)