

Registration Form

Eighth Annual Southwest Symposium on Thrombosis and Hemostasis

Name

Title: MD DO NP PA
 RPh PharmD RN
 LPN RVT Med Tech

Other: _____

Specialty

Street Address

City

State

Zip

Email

Daytime Phone

Fax

Print carefully. The above information will be used for your nametag.

Breakout Sessions *Register now to get your first choice!*

Saturday, October 11, 2008

1:30 – 2:15 pm *Please select session A, B or C*

(All workshops repeat at 2:15 pm)

First Choice: _____ Second Choice: _____

2:15 – 2:55 pm *Please select session D, E or F*

First Choice: _____ Second Choice: _____

Vegetarian Entree

Early Bird Registration

(Postmarked on or before September 26, 2008)

MD, DO \$195.00

NP, PA, RPh, PharmD..... \$130.00

RN, LPN, RVT, Med Tech, Other..... \$75.00

Regular Registration

(Postmarked after September 26, 2008)

MD, DO \$235.00

NP, PA, RPh, PharmD..... \$170.00

RN, LPN, RVT, Med Tech, Other..... \$115.00

Method of Payment

Institutional PO# _____

UNM Tuition Remission Form

Check MasterCard VISA

Include the last 3 numbers of code

on back of card _____ .

Account Number

Exp. Date

Cardholder's Signature

Amount

Make check payable to UNM Office of CME and mail it along with this form to: The University of New Mexico, Office of Continuing Medical Education, MSC09 5370, 1 University of New Mexico, Albuquerque, New Mexico 87131-0001. Telephone registrations (505) 272-3942 and Fax (505) 272-8604 registrations will be accepted for Visa, MasterCard and Purchase Orders only. Registrations faxed without a Visa or MasterCard number, a copy of the Institutional Purchase Order, or a completed Tuition Remission Form will not be processed. Tuition Remission Forms must be forwarded along with a copy of the registration form.