

You may complete this form, print it, and fax to (302) 658-9669, if not paying by check.

REGISTRATION FORM

Medical Society of Delaware Fourth Annual Spring CME Symposium

Saturday, March 27, 2010

Pre-Registration Required

Program Registration Deadline: March 19, 2010

REGISTRATION FEES

- | | |
|--|-----------|
| <input type="checkbox"/> MSD Member | No Charge |
| <input type="checkbox"/> Non-Physician Guest of Member | \$50 |
| <input type="checkbox"/> Non-Member Physician | \$100 |

INDICATE YOUR ATTENDANCE FOR EACH EVENT

Breakfast /Lecture *"Patient Centered Medical Home"*

- Attending
- Not Attending Breakfast

1st Concurrent Session (Choose One)

- Session 1A – *"Helping Your Patients Become Smoke Free"*
- Session 1B – *"Genetics, Genomics, and Personalized Medicine"*
- Not Attending 1st Concurrent Session

2nd Concurrent Session (Choose One)

- Session 2A – *"Concussion: Recognition and Management"*
- Session 2B – *"Vaccine Production"*
- Not Attending 2nd Concurrent Session

Lunch /Lecture *"Communication Amongst Ourselves"*

- Attending
- Not Attending Lunch

REGISTRANT INFORMATION

NAME _____

ADDRESS _____

PHONE _____ FAX _____

EMAIL _____

GUEST NAME _____

If paying by **VISA or MasterCard only** please provide information below:

CREDIT CARD NO. _____

NAME ON CARD _____ EXP. DATE _____

BILLING ADDRESS FOR CARD _____

Please mail this registration form with your check (if applicable) payable to:

Medical Society of Delaware, 131 Continental Drive, STE 405, Newark, DE 19713

IF NO MONEY DUE or PAYING BY CREDIT CARD, FAX to (302) 658-9669

Please be advised of the Society's policy of adherence to the registration deadline to avoid any possible refusal of late registration.