REGISTRATION FORM - Program # 401012
Seminars in Pediatrics, September 22-23, 2011

Registration deadline is September 16, 2011. Early registration is strongly encouraged.
Please complete steps 1-3 in BLOCK letters – all steps are required.

Step 1. Participant Information
Name_____

Professional Degree (for name tag) _____

Company Name _____

Work Address _____

City, State, Zip _____

Daytime Phone _____

Daytime Fax _____

E-Mail Address (required)_____

Step 2. Confirmation – Send My Confirmation To:

__Work Address (as listed in Step 1)
__Home Address _____
Address City State Zip

Step 3. Fee/Payment Information:
Conference Fee (choose one only)
- ❒$275 M.D., Pediatrics
- ❒$275 M.D., Family Medicine
- ❒ $275 M.D., Other _____
- ❒ $150 Physician Assistant
- ❒ $150 R.N./L.P.N.
- ❒$150 Other

I have also enclosed:
- ❒ $15: Optional box lunch on September 22, 2011
- ❒ $15: Optional VEGITARIAN boxed lunch on September 22, 2011
- ❒ $42: One ticket for the September 24, 2011 football game
- ❒$84: Two tickets for the September 24, 2011 football game

Total: _____

❒ P.O. or check enclosed (payable to the University of Wisconsin).
❒ Please bill my company (as listed in Step 1).

Credit Card: ❒MasterCard ❒Visa ❒ American Express
Card Number _____
Cardholder's Name _____
Exp. Date_____

Please return your payment and this form to CME Specialist, Department 101, Pyle Center Registration, 702 Langdon Street, Madison, WI 53706, or fax this form to 1-800-741-7416. (In Madison, fax 265-3163.)