

REGISTRATION FORM - Program # UMGC
Upper Midwest Clinical Genetics Conference

Registration deadline is September 13, 2014. 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) _____

Institution Name _____

Work Address _____

City, State, Zip _____

Daytime Phone _____

Daytime Fax _____

E-Mail Address (required) _____

Step 2. Fee/Payment Information:

Conference Fee (choose one only)

- \$65 MD
- \$35 Genetic Counselor (CEUs required)
- \$15 Genetic Counselor (CEUs not required)

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.)