

**REGISTRATION (for online registration please visit <http://www.utahinternalmedicine.com/pageview.aspx?id=15024>) . The online registration will be activated after August 15, 2008.**

The registration fee includes attendance to all six (2/1-6/2009) days of conference sessions, a course syllabus, and a welcoming reception. Also includes a daily continental breakfast and break.

If cancellation of your registration is necessary, you may send written notice to the Department of Internal Medicine, call 801-581-4986 or 801-581-7606. Cancellations made by December 15, 2008, will be accepted subject to a cancellation fee of \$50. Confirmed registrants who do not attend the conference or who cancel after December 15, 2008 are responsible for the entire registration fee. Substitutions, however, may be made at any time.

Special Assistance: The University of Utah seeks to provide equal access to its programs to people with special needs. If assistance is required, please call 801-581-4986. Arrangements should be made at least two weeks in advance.

If you have any questions, please mail your inquiry to the return address shown below. You may also telephone the Department of Internal Medicine, Jessica Kuo, at 801-581-4986 or send a fax to 801-581-5393. E-mail inquiries should be addressed to [jessica.kuo@hsc.utah.edu](mailto:jessica.kuo@hsc.utah.edu).

**REGISTRATION FORM:**

Send your registration information via mail, fax or online. A confirmation letter will be sent upon receipt of the completed registration form.

Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-Mail \_\_\_\_\_

<b>Registration Fees:</b>	<b>Before 12/15/2008</b>	<b>After 12/15/2008</b>
Physician	\$595	\$675
Resident, P.A., Nurse or Nurse Practitioner	\$375	\$425

**Payment Method:**

I have enclosed a check made payable to: Department of Internal Medicine, University of Utah  
Attn: Jessica Kuo  
Department of Internal Medicine  
University of Utah  
30 North 1900 East, 4C104 SOM  
Salt Lake City, Utah 84132-2406

Charge my credit card    Master Card    VISA    Am Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Sign Date \_\_\_\_\_

You may e-mail your registration to [Jessica.kuo@hsc.utah.edu](mailto:Jessica.kuo@hsc.utah.edu) or fax it to Jessica Kuo at 801.581.5393.