

Registration Form

**American College of Physicians
Nevada Chapter Scientific Meeting
Saturday, January 16, 2010**

This form may be photocopied.

ACP # (found on mailing label) _____

Name _____ MD DO _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Fax _____

E-mail _____

Credit Card # _____

Expiration Date _____ Billing Zipcode _____

Check here if new address.

Registration Fees:

Check one category that best applies. Registration fee includes continental breakfast, refreshments at breaks, lunch, all scientific sessions and materials, and CME documentation.

ACP Categories		Nonmember Categories	
<input type="checkbox"/> Master <input type="checkbox"/> Fellow <input type="checkbox"/> Member	\$45	<input type="checkbox"/> Nonmember Physician	\$135
<input type="checkbox"/> Associate (resident members)	\$25	<input type="checkbox"/> Allied Health Professional	\$75
<input type="checkbox"/> Medical Student Member	\$25	<input type="checkbox"/> Resident	\$75
<input type="checkbox"/> Affiliate	\$45	<input type="checkbox"/> Medical Student	\$75
<input type="checkbox"/> Out of State ACP Member	\$45		

**Registration fees will be refunded to ACP Members only who sign in by 10:00 a.m.
If registering after December 19, 2009, the fee is increased by \$15 for everyone.**

TOTAL \$ _____

Please make your check payable to **ACP Nevada Chapter** and mail to:
University Medical Center, CME Office
c/o Roberta Again
2040 W. Charleston Blvd, #500
Las Vegas, NV 89102

**Registration Questions? Please call Roberta Again, UMC,
CME Manager, at 702-383-2604, Fax 702-383-2369 or by e-mail at
roberta.again@umcsn.com**

We encourage participation by all individuals. Check here if you are disabled and require assistance. Advance notification is essential for us to serve you better. Please notify the Nevada Chapter at the above address in writing at least 30 days before your course. We'll be glad to help.