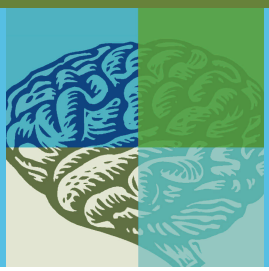
22nd Annual Myron F. Weiner, MD

Geriatric Psychiatry Update



REGISTRATION FORM February 4, 2012

#RP1202H

Register on-line at www.utsouthwestern.edu/geriatricpsychiatryupdate

Name _____

Address _____

City _____ State _____ Zip Code _____

Last Four Digits of SS# _____ ❑ UT Southwestern Alumni

Business Phone _____ Fax _____

Degree _____ Specialty _____

Email Address: _____

Please indicate preferred method to receive registration confirmation: ❑ Email ❑ Fax ❑ Mail

❑ Check here to receive our free monthly email calendar of upcoming CME activities.

Indicate Credit Desired: ❑ *AMA PRA Category 1™* ❑ Social Worker

Registration Fees:

____ $125 ❑ PA ❑ UT Faculty and Alumni ❑ Health Professional ❑ Social Worker
____ $50 ❑ Residents
____ $25 ❑ Alzheimer's Association Guests Registration (no CME provided)
____ $25 ❑ Individuals with Dementia and/or Caregivers

Method of Payment:

❑ **MASTERCARD** ❑ **VISA** Security Code

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Exp. Date _____ Signature of Cardholder _____

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❑ **CHECK**

If paying by check make checks payable to:

UT Southwestern/CME

Fax completed registration form to 214/648-4804.

Mail completed registration form to: **UT Southwestern**
Office of Continuing Medical Education
5323 Harry Hines Blvd., / Dallas, Texas 75390-9059

Refund Policy

A $25 handling fee will be deducted from cancellation refunds. Refund requests must be received by mail or FAX prior to January 27, 2012. No refunds will be made thereafter.

❑ Dietary Restrictions: _____

Cancellation Policy

The Office of Continuing Medical Education reserves the right to limit registration and cancel courses, no less than one week prior to the course, should circumstances make this necessary.

ADA Statement

❑ Please check this box if you require assistance because of a disability to make this program accessible to you. Someone from our office will be in touch with you.