

Registration Form

2008 New Orleans Pediatrics Board Review™

August 18 – 23, 2008

To register for this educational activity, please phone, fax, OR mail your completed registration form with payment to:

- **Phone:** please call (504) 568-2263
- **Fax:** fax the completed registration form to (504) 568-4008
- **US Mail:** mail the completed form to LSUHSC – Institute of Professional Education, 533 Bolivar, Room 342C, New Orleans, Louisiana 70112

Please be sure to provide your email address as correspondences regarding this course are sent electronically.

Name: _____
(First) (MI) (Last) (Degree)

Address: _____
(Street) (City) (ST) (Zip)

Daytime Phone: _____ Email: _____

How did you hear about our course? _____

Interactive Evening Session

Please rank your preferences for the Interactive Evening Session (1-7; 1 = most preferred). You will be assigned to two (2) topics only. The session will be held 7:00 – 8:00 PM and 8:00 – 9:00 PM Tuesday through Thursday. In order to keep the session interactive, the number of participants will be limited to 40 per session. We cannot offer attendance to more than two (2) sessions per registrant.

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|--|---|---------------------------------------|
| ____ Infectious Diseases (Tuesday, Wednesday) | ____ Endocrinology (Tuesday – Thursday) | ____ Emergency Department (Wednesday) |
| ____ Hematology and Oncology (Wednesday, Thursday) | ____ EKGs (Wednesday, Thursday) | ____ Critical Care (Tuesday) |
| ____ Neonatology (Monday) | | |

Registration Fees (please check one)

Physician-In-Practice/Fellow

- \$775 (postmarked by June 20, 2008)
- \$875 (postmarked after June 20, 2008)
- \$975 (on-site registration)

Resident

- \$675 (postmarked by June 20, 2008)
- \$775 (postmarked after June 20, 2008)
- \$875 (on-site registration)

CD-ROM ONLY

- \$75 – I can not attend the Review, but would like to receive the Radiology CD-ROM.

Registration fees include tuition, comprehensive course handouts, two pre-assigned evening sessions, Radiology CD-ROM, continental breakfast and refreshments during breaks.

Payment (please check one)

- Check** – My check (in US funds) payable to LSUHSC-IPE is enclosed.
Please phone or fax your registration after July 25, 2008 to avoid postal delays.

- Credit Card** – I will charge my course fee as indicated below.

Please complete the following to use a credit card as payment for course registration:

- Master Card** **Visa** **American Express**

Charge this amount: \$ _____

Card Number: _____ Exp Date: _____ Security Code: _____

Signatures (required): _____

Credit Cardholder (if different from above): _____

Additional information will follow via email upon receipt of your registration

The registration fee is refundable (less at \$100 administrative fee) upon written request postmarked by July 25, 2008. Registrations submitted after July 25, 2008 are non-refundable due to guarantees and commitments in conjunction with the planning of the course.

- We reserve the right to make changes to the schedule; we will announce any changes at the Board Review.
- This form may be photocopied for additional registrations.
- If you are in need of ADA arrangements, please attach a written description of needs or telephone the LSUHSC-IPE office at (504) 568-2263 or e-mail cme@lsuhsc.edu
- I have arranged my hotel reservations. InterContinental Orleans @ (504) 525-5566 or (800) 972-2791. Please do not send payment for your hotel room to the LSUHSC – IPE.