Registration Form

Dr. Eberhard Schmidt-Sommerfeld Memorial Symposium in Pediatric Inflammatory Bowel Diseases

Friday, October 31-Saturday, November 1, 2008

Sponsored by LSUHSC Department of Pediatrics in New Orleans and Children's Hospital of New Orleans

Two-Day Symposium (10.5 CME Credits)

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

- **Phone:** please call (504) 896-9800
- Fax: fax the completed registration form to (504) 896-2720
- Mail: mail the completed form to: LSUHSC Department of Pediatrics

Attn: Vicki Salloum-Holley RIC Bldg, Fourth Floor, Rm 4229

200 Henry Clay Avenue New Orleans, LA 70118

Please be sure to provide your e-mail address as correspondences regarding this event are sent electronically. Name: (First) (MI) (Last) (Degree) Name you want on ID Badge: ____ Do you need CME Credits? Yes □ No \square Institution: ___ Department/Section: Address: _ (City) (ST) (Zip) Daytime Phone: _____ E-Mail: ____ Yes

No

_____ **Registration Fee: \$25** Cash Check: Payable to "LSUHSC Foundation" (Mail to above address) **Hotel Information:** Astor Crowne Plaza Hotel 739 Canal Street, New Orleans, LA 70130 Toll Free: (866) 750-4202 Special Group Rate: \$169.00 plus tax per night, ask for LSUHSC Foundation meeting. You must make your hotel reservation before Sept. 30, 2008 for special rate. **Any Questions:** LSU Contacts: Vicki Salloum-Holley (504) 896-9800 or e-mail: vsallo@lsuhsc.edu

Debbie Hoppe (504) 896-2723 or e-mail: dhoppe@lsuhsc.edu