

2016 UAB Hospital Critical Care Symposium

Important Registration Information

On Line Registration using credit cards (MC, V, Disc) ONLY

To register using a check or money order, please complete the form below.

1. Enter the following URL: www.uab.edu/ccs.
2. Scroll to "Click here to Register."
3. Select from the following participant categories the one that describes you :
 - Call for Abstract
 - Registration: UAB Participants
 - Registration: Non-UAB Participants
 - Exhibitor Prospectus
 - UAB SNCF (Staff Nurse Conference Fund)**
 - UAB IR (Internal Requisition)
4. Select "Add to cart." (Bottom Left)
5. Follow the Prompts

Registration Type	Applicable Dates	Price UAB Participants	Price Non-UAB Participants
Early	April 6-May 5	15.00	30.00
Regular	May 6-July 5	25.00	50.00
Late	July 6-August 2	50.00	75.00
On Site: defined as registrations received after August 2, 2016.	August 3	125.00	

Please note that, if you are paying through the staff nurse conference fund (SNCF) or UAB Internal Requisition, your balance will appear as \$0.00. However, **you must submit your approved request by the deadlines as noted above. Please fax forms to CCS at 975-6668.

2016 Critical Care Symposium

August 5, 2016

UAB Hospital



To register with CHECK or MONEY ORDER:

1. Please complete this form and include check or money order.
2. Mail to the address located at the bottom of this form.

Last Name: _____

First Name: _____

Home Address _____

City _____ State _____

Phone: Home _____ Work _____ Cell _____

Email Address: _____

Non-UAB Employee: _____

UAB Employee: Department/Unit _____

Job Title: _____

Payment Method ☐ Check
 ☐ Money Order

Payment Amount _____ Date: _____

Please mail to UAB Hospital
Critical Care Symposium
619 South 19th Street
MEB 706
Birmingham AL 35249