Registration Information

Please mark the appropriate bubl	ble.		
Registration fees received by July	y 20, 2014		
🔾 \$250 for MDs an	d Pharmacists	DECIST	ED EADLY!
○ \$200 for nurses			SISTER EARLY!
○ \$125 for fellows	and students	Registration is limi	ited to 50 participants!
Registration fees received after J	uly 20, 2014		
○\$300 for MDs an	d Pharmacists		
\$250 for nurses			
\$175 for fellows	and students		
Group discount of \$25 off for registr submitted together. UAB participants	ations of three or more fror		
Please complete the registration for Offering, 619 19th Street South, Jef 975-6802. (Attention: Daisy Sparks istration form no later than July 31 call (205) 934-5227.	fferson Towers Room 1026). Confirmation will be em	5, Birmingham, AL 35 nailed or faxed to thos	249-6908 or fax to (205 se who complete the reg
Please print clearly			
Last name:			
E-mail address:	Position tit	le:	
Pharmacy license #	(State)	
Nursing license #			
Important: Alabama Nurses please bring your r			
Home Address:			
City:			
		Business Phone:	
Employer Address:		City:	State:
Zip code:			
Payment method (check one): Che Academy 2012).	ecks/Money Orders (Mak	e payable to UAB Ho	spital c/o CRRT
Visa MasterCard Disc	over Card Personal Ch	neck/Money	er Institutional Check
Card Holder:		_ Card No:	
Expiration date:	Signature:		
Registration/Cancellation Policy: receive a refund minus a \$25 adm not receive a refund. Tuition for t	ninistrative fee. Cancella	tions received after	August 4th, 2014 will

Registration cannot be shared among participants. Registration at the door is pending available space and is payable by cash, money order, or institutional checks only—no personal checks please.