

REGISTRATION FORM

38th Annual FAMILY MEDICINE UPDATE 2012 – March 21-23, 2012

REGISTRATION FEE SCHEDULE:

FULL CONFERENCE:

Full 3 Days - Physicians \$475

Full 3 Days - Residents/Health Professionals \$450

Note: Residents are required to provide a note from training director

Registration fee includes the course syllabus, parking, breakfast, luncheon and coffee breaks

NOTE: Cancellations postmarked after March 7th are subject to \$25 service charge. No refunds after March 14th.

NAME: _____

ADDRESS (Office) _____

PHONE (Office) () _____ FAX () _____

E-MAIL _____

ADDRESS (Home) _____

PHONE (Home) () _____

PHYSICIAN SPECIALTY: _____

RESIDENT PHYSICIAN SPECIALTY: _____

OTHER HEALTH PROFESSIONAL: (FIELD) _____

<u>WORKSHOPS</u>	<u>WILL ATTEND</u>	<u>WILL NOT ATTEND</u>
WEDNESDAY, MARCH 21, 5:15-7:15 PM ASSESSMENT OF THE LUMBAR SPINE AND SACROILIAC JOINT Daniel Jacobsen, DPT, ATC	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY, MARCH 22, 5:15-7:15 PM HOW TO HELP YOUR PATIENT QUIT SMOKING Patricia Folan, R.N., M.S. Daniel R Jacobsen, MS FNP-BC	<input type="checkbox"/>	<input type="checkbox"/>
<u>CONCURRENT AFTERNOON SESSION</u> - PLEASE SEE PROGRAM SCHEDULE FOR CONTENT AND CHOOSE ONE:		
FRIDAY, MARCH 23, 1:15-5:00 PM <input type="checkbox"/> LECTURES		
<input type="checkbox"/> SIMULATION OF OFFICE URGENCIES AND EMERGENCIES		

MAKE CHECK PAYABLE TO: Stony Brook School of Medicine, OCME

MAIL CHECK TO: Dorothy S. Lane, M.D.

Associate Dean for CME
Stony Brook University
School of Medicine (HSC, 2L)
Stony Brook, NY 11794-8222

or **CREDIT CARD:** (check one) American Express Discover Master Card Visa

Card # _____ Cardholder Name: _____

Expiration Date: _____ Security Code: _____ TOTAL AMOUNT: _____

Billing Address _____ City _____ State _____ Zip _____

I AUTHORIZE STONY BROOK UNIVERSITY SCHOOL OF MEDICINE TO PROCESS THE ABOVE CREDIT CARD IN THE AMOUNT INDICATED

SIGNATURE: _____

I (will) (will not) need parking accommodations (no extra charge.) For hotel accommodations, contact Holiday Inn Express, Nesconset, NY at (631) 471-8000 / (800) HOLIDAY. Please refer to the Family Medicine Update block when making your reservation

OFFICE OF CONTINUING MEDICAL EDUCATION

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