

Registration Form

Refresher Course for the Family Physician
Tuesday-Friday
April 10-13, 2012
Marriott Hotel and Conference Center, Coralville, Iowa
12-101-01 7-12282

Please preregister.

Please prepare a separate form for each registration.

Name _____

MD DO PA ARNP Other

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Day(s) of attendance: **Tues. 4/10/12** **Wed. 4/11/12** **Thurs. 4/12/12** **Fri. 4/13/12**

Please check if you plan to attend the Dinner with IRENE, Tuesday, April 10, 5:30-7:30pm

Please check if you plan to attend the Preceptor Workshop-Update and Review, Tuesday, April 10, 6-8:30pm

Please check if you plan to attend the Family Medicine Interest Group Dinner, Wednesday, April 11, 6:15pm, UIHC 7th Floor Atrium

Please check if you plan to attend the Alumni Reception, Thursday, April 12, 11:50am-1:15pm

Please check if you plan to attend the Preceptor Roundtable (for experienced preceptors), Thursday, April 12, noon-1pm

Please check time below if you plan to attend Thursday, April 12 CPR Renewal Session (\$5.00 additional fee)

11:55 CPR Renewal Session 12:45 CPR Renewal Session

Vegetarian Meals requested Other Dietary restrictions _____

| Registration Fee: | MD/DO | After 3/1 | PA/ARNP/Other | After 3/1 |
|--|-------|-----------|---------------|-----------|
| Four days | \$635 | \$685 | \$380 | \$410 |
| Three days | \$545 | \$595 | \$325 | \$355 |
| Two days | \$365 | \$415 | \$220 | \$250 |
| One day | \$200 | \$250 | \$120 | \$150 |
| Friday only | \$170 | \$220 | \$100 | \$130 |
| 2012 Active Preceptor | \$200 | | | |
| Family Practice Adjunct Faculty | \$200 | | | |
| Guest Lunch tickets: \$30 x _____ ticket(s) _____ 4/10/12 _____ 4/11/12 = \$ _____ | | | | |
| CPR Renewal: \$5 | | | | |

Total Payment \$ _____

Enclosed is a check made payable to The University of Iowa or

Charge to my account Visa Mastercard Discover


Card Number _____ Exp. Date _____ 3 digit security code _____

Name on Card _____ Billing Address of Cardholder _____

The University of Iowa requests this information in order to process your registration. No persons outside of The University of Iowa are routinely provided this information.

Four ways to register:

 **Mail** The University of Iowa
Center for Conferences
250 CEF
Iowa City, Iowa 52242-0907

 **Phone:** 319-335-4141 or 1-800-551-9029

 **FAX:** 319-335-4039

 **Internet:**
www.uihealthcare.com/depts/med/familymedicine/news/refreshercourse/index.html

