



Global Summit on
International Breast Health:
Optimizing Healthcare Delivery
June 9-11, 2010
Chicago, Illinois
USA

Registration Fee Sheet

Deadline for Registration: June 2, 2010

Conference Fees

	Before May 9 th	May 9 th and After
Full 3 Day Registration	\$595 USD	\$645 USD
Single Day Registration (per day)	\$235 USD	\$235 USD
Accompanying Person (per person)	\$55	\$55

Full Registration includes the following:

- Name Badge
- Entrance to all sessions of the Summit
- Final Program Handouts
- Access to Poster Sessions
- Coffee Breaks and Lunches
- Welcome Reception the evening of Wednesday, June 9th

Single Day Registration includes the following:

- Name Badge
- Entrance to all sessions of the Summit - on selected day(s)
- Final Program Handouts
- Access to Poster Sessions - on selected day(s)
- Coffee Breaks and Lunches - on selected day(s)
- Welcome Reception the evening of Wednesday, June 9th

Accompanying Person registration includes the following:

- Name Badge for Welcome Reception the evening of Wednesday, June 9th

[CLICK HERE TO SECURELY REGISTER ONLINE NOW](http://depts.washington.edu/cme/live/register/MJ1016)

<http://depts.washington.edu/cme/live/register/MJ1016>

CONFIRMATIONS

Registrations will be confirmed in writing and sent via email to the email address indicated on the submitted registration form (please print clearly). Confirmation will not take place without receipt of full payment.

CANCELLATION POLICY

The Office of Continuing Medical Education must receive written notification of your cancellation no later than Monday, May 10, 2010. A \$75.00 processing fee will be deducted from refund requests received on or before the Monday, May 10, 2010, deadline. **No refunds will be issued after May 10, 2010.** The Office of Continuing Medical Education reserves the right to cancel this conference twenty (20) days prior to the course date when a minimum enrollment is not met or for other reasons that prevent the University from holding the conference. Each registrant will be notified by telephone followed by written notification and a full refund. The University of Washington nor BHGI is responsible for any other costs incurred such as non-refundable airline tickets or hotel penalties.

SPECIAL SERVICES

Continuing Medical Education at the University of Washington is a totally self-sustaining unit and does not depend on or receive public monies in support of its educational efforts. Fees for this course are estimated to cover the costs of conducting this course. These costs include salaries, registration, handouts, record keeping, faculty planning and evaluation and may include food, alcohol, taxes and gratuities to vendors. The University of Washington reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in accordance with University policy and applicable federal and state statutes and regulations. The University of Washington is committed to providing access and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. To request disability accommodation in the registration process contact the CME Office at: 206-543-1050 at least ten days in advance.



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Registration Form

Deadline for Registration: June 2, 2010

*** Please Print This Form, Fill It Out Completely and Fax or Mail It With Payment Information (See Contact Information at Bottom of Form) ***

Registrant

Please print clearly

Given Name _____ Family Name _____

Title (Circle One) MD DO PhD RN ARNP PA Other: _____

Address _____

City _____ State _____ Province _____

Postal Code _____ Country _____

Organization _____

Email Address _____

Telephone (including country/city code) _____

Accompanying Person

Given Name _____ Family Name _____

Registration Fees (See Fee Sheet for detailed Fee Schedule)

Full 3 Day Registration June 9-11 (\$595/\$645) Fee: \$ _____

Accompanying Person(s) (\$55 per person) Fee: \$ _____

Single Day Registration (\$235 per day) Fee: \$ _____

Circle day(s) to attend Wed 6/9 Thurs 6/10 Fri 6/11

TOTAL TO BE PAID: \$ _____

Please charge my: Visa _____ Mastercard _____ *NO CHECKS OR OTHER CREDIT CARDS ACCEPTED*

Credit Card #: _____

Expiration Date: _____ / _____ Approval Signature: _____

Wire transfers are possible. Please contact Nadia Khan at nadiak@uw.edu for additional information. There will be a \$35 fee charged on all wire transfers.

Mailing Address:
University of Washington
Continuing Medical Education
Box 359441
Seattle, WA 98195

Fax Credit Card Registrations To:
(206) 221-4525

Register Online at:
<http://depts.washington.edu/cme/live/register/MJ1016>

Questions and Information: Contact the Registrar at 206-543-1050
Email us at cme@uw.edu