

REGISTRATION FORM
The New Medicine:
The Ethics and Policy of Regenerative and Replacement Therapy
Boar's Head Inn
Charlottesville, VA
March 16-17, 2006

Please PRINT legibly to ensure accuracy.
Pre-registration for this conference will close two business days prior to the conference date. Please call to confirm that onsite registration will be available.

Mr. Mrs. Ms. Dr. First Name: _____ M.I.: ____ Last Name: _____

Credentials: (MD, PhD, RN, etc.): _____ Specialty: _____

Affiliation/Business./Organization: _____

Primary Address: This is: home work

Street: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Phone: _____ Fax: _____

Email: _____ Please print clearly for successful email delivery of your confirmation letter.

Are you an employee of the University of Virginia? Yes No

Are you a resident physician? Yes No Are you a fellow? Yes No

Do you require special assistance because of a disability, or have any dietary restrictions? If so, please describe:

Birth date (required for tracking CME credits/CEU): _____ / _____ / _____
MM DD YYYY

REGISTRATION FEES
\$350.00

Payment is required with registration. An exception is made for institutional checks; however, these must be received at least 14 days prior to the scheduled CME activity. *If payment is not received by the deadline, you will **NOT** be registered for the conference.* You will receive written confirmation (by email) upon receipt of your payment.

PAYMENT OPTIONS

Check or money order made payable to "UVA-CME." Please indicate the name of the conference on your check.

Charge payment to:

Visa	MasterCard		
Your credit card number: _____ -- _____ -- _____ -- _____		Expiration date _____ MM/YY	
Signature: _____			

SEND REGISTRATIONS TO:

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