

REGISTRATION FORM

38th Annual FAMILY MEDICINE UPDATE 2012

March 21-23, 2012

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 14.

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 Peter Smith, 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"/>
CONCURRENT AFTERNOON SESSION			
FRIDAY, MARCH 23 1:15-5:00 PM	PLEASE SEE PROGRAM SCHEDULE FOR CONTENT AND CHOOSE ONE: <input type="checkbox"/> LECTURES <input type="checkbox"/> SIMULATION OF OFFICE URGENCIES AND EMERGENCIES		

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

MAIL CHECK TO: Dorothy S. Lane, M.D.
Associate Dean for CME
School of Medicine (HSC, 2L)
Stony Brook, New York 11794-8222

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

Card # _____ Cardholder Name _____

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

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

SIGNATURE: _____

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