



REGISTRATION FORM

Check one Institute:

Summer Institute
June 8-11, 2008

Fall Institute
October 26-29, 2008

Last name

First name

Organization

Title/Position

Work Mailing Address

City

State

Zip

Work Phone

Fax

Email

How did you find out about the Institute?

Please check here if you do NOT wish us to put your name and contact information above on a list for participants only

PAYMENT: Institute tuition: \$899

Payment enclosed (check made out to University of New England)

Bill my: Master Card Visa Discover

Card #

Exp date

Cardholder name

Cardholder address

3 digit VIN (back of card)

Fax or mail to: University of New England, Continuing Medical Education,
11 Hills Beach Rd, Biddeford, ME 04005
Tel: 207-602-2589 • Fax: 207-602-5957