Osteoporosis Update for Primary Care ~ September 7, 2018 ~ Registration Form

___________________________________________________________________
Name   (As it will appear on nametag)

☐ MD  ☐ DO  ☐ PA  ☐ NP  ☐ RN  ☐ Other: ___________________________
Degree

___________________________________________________________________
Company / Organization

___________________________________________________________________
Address

___________________________________________________________________
City                                State                  Zip

___________________________________________________________________
Phone

___________________________________________________________________
Email

___________________________________________________________________
Specialty

___________________________________________________________________
Healthcare Provider Type (Physician, PA, NP, RN, Resident/Fellow, Medical Student)

How did you hear about this conference? _________________________________

TUITION

☐ $250    Physicians
☐ $175    NP, PA, Nurse, Other Healthcare Professionals
☐ $75    Medical Resident or Student with CME credit
☐ $25    Medical Resident or Student without CME credit

$_________TOTAL AMOUNT DUE

To pay by check (made out to “University of Vermont”), please complete this form and mail with payment to:
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401 Water Tower Circle, Suite 102
Colchester, VT 05446
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