

CLEVELAND CLINIC HEALTH SYSTEM EMPLOYEE REGISTRATION FORM

Course Number: 011546
Course Name: Diabetes Day 2008: The Lifecycle of Diabetes
Course Date: May 2, 2008
Location: InterContinental Hotel and Bank of America Conference Center
Cleveland, Ohio

Hospital Affiliation: Euclid, Fairview, Hillcrest, Huron, Lakewood, Lutheran, Marymount, South Pointe
CCHS Affiliates: Grace Hospital, Ashtabula County Medical Center

CCHS Physician (MD/PhD): (includes continental breakfast, refreshment breaks, lunch and syllabus)
\$240 – Registration Fee **I request vegetarian lunch.**

CCHS Fellow **CCHS Resident** **CCHS Nurse** **CCHS Other Employee** _____
(includes continental breakfast, refreshment breaks, lunch and syllabus)
\$160 – Registration Fee **I request vegetarian lunch.**

Check here if you have any special needs that require additional assistance. A CME staff member will contact you to discuss your special requirements.

CCF and CCHS Pharmacists who are registering for this course and would like to receive Ohio Pharmacy Credit for their attendance need to contact the CCF Pharmacy Department, Morton P. Goldman, at (216) 444-1127 to have this course considered for Pharmacy credit at least 10 days prior to the course date.

Please Print:

Name: _____ Degree (initials): _____
Hospital Affiliation: _____ Last four (4) digits of SSN: _____
Mailing Address: _____ City/State/Zip: _____
Home Phone: _____ Business Phone: _____ Fax Number: _____
Email: _____ Specialty: _____

Charge the following account: **VISA** **MASTERCARD** **DISCOVER** **AMERICAN EXPRESS**

Card Number: _____ Expiration Date: _____

3 / 4 digit v-code located on back of card _____ Total Amount to be Charged: _____

Signature: _____ (Not valid without signature)

Charge the following CCF Lawson Account: CCF Department Account Number _____

Signature _____ (Administrator)

**Credit card OR Dept. Account number payment may be expedited by completing and faxing this form to: (216) 445-9406 or
Mail check and registration form to: The Cleveland Clinic Foundation, P. O. Box 931653, Cleveland, OH 44193-1082**