

CCF EMPLOYEE REGISTRATION FORM

Course Number: 011561
Course Name: Obesity Summit 2008
Course Date: September 10-12, 2008
Location: InterContinental Hotel & Bank of America Conference Center * Cleveland, OH

CCF Employee (includes) CCF Main Campus, CCF Children's Hospital for Rehabilitation, Beachwood, Brunswick, Chagrin Falls, Elyria, Independence, Lakewood, Lorain, Solon, Strongsville, Westlake, Willoughby Hills, Wooster, Ft. Lauderdale/Weston and Anesthesia Department personnel at Huron, Hillcrest, Euclid, Marymount and Lutheran

Registration fee includes syllabus, continental breakfasts, breaks, lunch and reception.

- CCF Staff Physician (MD/PhD) CCF Resident CCF Fellow CCF Nurse
 CCF Physician Assistant CCF Nurse Practitioner CCF Other Employee _____
- Full Registration - \$175.00 Wednesday - \$100.00 Thursday/Friday - \$100.00
- Vegetarian meals requested. I will attend the reception.

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

Please Print:

Name: _____ Degree (initials): _____
Hospital Affiliation: _____ Department Name: _____
Last four (4) digits of SSN: _____ CCF Employee Number: _____ Specialty: _____
CCF Phone: _____ CCF FAX: _____ Mail Code: _____
Mailing Address: _____
City/State/ZIP: _____ Home Phone Number: _____
Email _____

Charge the following account: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number: _____ Expiration Date: _____ 3 / 4 digit v-code _____
Total Amount to be Charged: _____

Signature: _____ (Not valid without signature)

CCF Cost Center Number _____ Signature _____
Administrator

Credit card or cost center 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