



31ST ANNUAL

Family Medicine Update

October 3-4, 2008

Peachtree Banquet Center, Columbia, MO

REGISTRATION FORM



Name

Last

First

Middle Initial

First name or nickname for name badge

Your profession:

MD

Nurse

Nurse Practitioner

DO

Physician Assistant

Other

Degree

Customer ID Number

(Appears on first line of mailing label. If none, leave blank.)

Institutional Affiliation

Preferred Mailing Address

City

State

Zip

County

Office Phone

Office Fax

E-Mail Address

Registration Fees:

Early Registration Fees (received before Friday, September 12, 2008)

_____ \$195.00 – physicians

_____ \$145.00 – other health professionals (NP, CNS, CNM, APN, physician assistants and physicians-in-training)

Regular Registration Fees (received after Friday, September 12, 2008)

_____ \$225.00 – physicians

_____ \$175.00 – other health professionals (NP, CNS, CNM, APN, physician assistants and physicians-in-training)

Registration fees include all conference materials and catered food functions.

Please charge my Discover MasterCard VISA Expiration Date _____

Account Number _____

Signature _____

Address if different from one listed above _____

Check enclosed. (Make payable to University of Missouri-Columbia)

Please specify any special arrangements or dietary restrictions you may have while attending this conference:

Mail completed application and payment to:

2008 Family Medicine Update
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