Registration Form Class ID# 3324551

Harvard Medical School
Department of Continuing Education

Joslin Diabetes Center
Professional Education

PRIMARY CARE CONGRESS *for*
CARDIOMETABOLIC HEALTH
2013

Tuesday – Thursday
April 23–25, 2013
Seaport Hotel &
World Trade Center
Boston, Massachusetts

Registration Information

Tuition Fee (USD)	Through Feb 23	Feb 24 – March 23	After March 23
Physicians	☐ $295	☐ $495	☐ $895
Residents, Fellows in Training, Allied Health Professionals	☐ $195	☐ $395	☐ $695
Nonclinical Industry Professionals	☐ $595	☐ $895	☐ $1195

Attendance is limited—register early and save up to $600!

Registration by credit card (VISA or MasterCard) can be made at http://www.cme.hms.harvard.edu/courses/DiabetesCongress

Registration by check (draft on a United States bank), please make payable to Harvard Medical School and mail with registration form to **Harvard Medical School–Department of Continuing Education, PO Box 417476, Boston, MA 02241-7476.** Telephone or fax registration is not accepted. Registration with cash payment is not permitted. Upon receipt of your paid registration an email confirmation will be sent to you from the HMS-DCE office. Be sure to include an email address that you check frequently.

One registrant per form, please—you may photocopy the form for others. Print clearly—all fields required.
Please check the type of registration:

☐ Physician ☐ Resident, Fellow in Training, Allied Health Professional ☐ Nonclinical Professional

Registration must be accompanied by a letter of verification from the Department Chair to receive discount.

Name _____ Degree _____

Organization/Affiliation _____

Address _____

City _____ State _____ Zip/Postal Code _____

Country _____

Daytime Telephone _____ Fax _____

Please note: Your email address is used for critical information about the course, including registration confirmation, evaluation, and certificate. Please be sure to include an email address you check daily or frequently.

Email _____

☐ Please check if you wish to be **excluded** from email notices of future Harvard Medical School – Department of Continuing Education programs.

Profession _____ Degree _____

Primary Specialty (physicians only) _____ Board-Certified ☐ Yes ☐ No

Professional School Attended (physicians only)

☐ Harvard Medical School ☐ U.S. medical school ☐ International Year of Graduation _____