



Registration

Application for Enrollment (Please Print)

Fall 2011

Course Title and Number

Tough Decisions Made Easier:

Clinical Management of Treatment –Experienced patients (M112-9)

\$45

Last four digits of your Social Security Number: _____ (only if CME credit is needed)

Name (First/Middle/last) _____

Degree _____

Male

Female

Preferred Mailing Address:

City/State/Zip _____

Daytime Phone: _____ Fax: _____

E-mail: _____ Specialty: _____

Check enclosed payable to: **The Regents of the University of California**

Charge:

MasterCard

Visa

Discover

Credit Card No. _____ Expiration (Mo/Yr) _____

Name of Card Holder: _____

Authorizing Signature _____

Mail to: Office of Continuing Medical Education, David Geffen School of Medicine at UCLA, Tough Decisions Made Easier: Clinical Management of Treatment-Experienced Patients, 10920 Wilshire Blvd, Suite 1060, Los Angeles, CA 90024-6512 or call to register at (310) 794-2620

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