Registration Form ~ Current Concepts & Controversies in Surgery ~ January 28-30, 2019

Email

Name  (as it will appear on nametag)

☐ MD  ☐ DO  ☐ PA  ☐ NP  ☐ RN  ☐ Other: ___________________________

Degree

Address

City                                State                  Zip

Phone

Specialty

Healthcare Provider Type (Physician, PA, NP, RN, Resident/Fellow, Medical Student)

- How did you hear about this conference? _________________________________
- Do you plan to stay at the Stowe Mountain Lodge? ____ (If so, please make your room reservation directly with the Lodge 1-888-478-6938 as soon as possible)
- How many skiers/snowboarders, if any, will be in your party? ______
- Do you wish to reserve discount vouchers for each? _____
- Shall we mail the vouchers to you in advance? ______

<table>
<thead>
<tr>
<th>Healthcare Provider Type</th>
<th>Early Bird (10/1 – 10/31)</th>
<th>Regular (11/1 – 12/31)</th>
<th>Late (after January 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician:</td>
<td>$550</td>
<td>$595</td>
<td>$650</td>
</tr>
<tr>
<td>PA, NP, Nurse, etc:</td>
<td>$300</td>
<td>$350</td>
<td>$425</td>
</tr>
<tr>
<td>Physician-in-training:</td>
<td>$250</td>
<td>$250</td>
<td>$325</td>
</tr>
</tbody>
</table>

$_________ TOTAL AMOUNT DUE

To pay by check (made out to “University of Vermont”), please complete this form and mail with payment to:

UVM CMIE (Continuing Medical and Interprofessional Education)
401 Water Tower Circle, Suite 102
Colchester, VT 05446
802-656-2292 ~ www.med.uvm.edu/cme ~ UVMCME@uvm.edu