

REGISTRATION FORM

REGISTRATION Register early, space is limited. All foreign payments must be made by a draft on a United States bank or by Visa or MasterCard. Telephone registrations are not accepted. If paying by check, make it payable to Harvard Medical School and mail with the completed registration form to: **Harvard Medical School - Department of Continuing Education, P.O. Box 825, Boston, MA 02117-0825**. If paying by credit card, fax the completed registration form to (617) 384-8686, mail it to the above address, or register online at www.cme.hms.harvard.edu/courses/Spirituality

INQUIRIES Inquiries should be directed to the above address, made by phone: (617) 384-8600, Monday-Friday, 10AM to 4PM (EST), or by email: hms-cme@hms.harvard.edu. Upon receipt of registration a confirmation letter will be mailed to the address listed on the form.

REFUND POLICY A handling fee of \$60 is deducted for cancellation. Cancellations must be received in writing two weeks prior to event.

2007 Spirituality & Healing in Medicine: Including the Concept of Emergence

December 1-2, 2007 COURSE # 271464

Registration Fee

Tuition

- | | |
|--|--------------------|
| <input type="radio"/> Physicians | \$495 (USD) |
| <input type="radio"/> Residents* & Fellows-in-Training* (Full Course) | \$325 (USD) |
| <input type="radio"/> Nurses/Allied Health Professionals (Full Course) | \$325 (USD) |
| <input type="radio"/> Other Professionals (Full Course) | \$325 (USD) |
| <input type="radio"/> Students⁺ (Full Course) | \$199 (USD) |

*A letter of verification from Department Chair must accompany application for a reduced fee.

+A photocopy of a valid school ID must accompany registration form. Limited to first 20 students.

Full Name

First

MI

Last

Degree

Street Address

City

State/Province

Zip/Postal Code

Country

Daytime Phone

Fax Number

Email Address

o Please check if you wish to be excluded from receiving email notices of future HMS-CME programs.

Profession

Organization Affiliation

Board Certified? Yes No

Physicians: Principal Specialty

Professional School Attended

Year of Graduation

PAYMENT INFORMATION:

Check is enclosed: Make check payable to Harvard Medical School and mail it with this form to: Harvard Medical School - Department of Continuing Education, P.O. Box 825, Boston, MA 02117-0825

Bill my credit card: VISA MASTERCARD Tuition Fee \$ _____

Credit Card Number _____ - _____ - _____ - _____ / _____

Expiration Date

Name as it Appears on Card

Signature

Registrations paid by credit card may be faxed to (617) 384-8686, mailed to above address or registered online at

www.cme.hms.harvard.edu/courses/Spirituality