

REGISTRATION FORM

1st Annual Scientific Symposium on Lung Health after Deployment to Iraq & Afghanistan Monday, February 13, 2012

REGISTRATION FEES

Physicians/Residents/Health Professionals - \$100
Students - \$50 (proof of student status from institution required)

Registration fee includes the course syllabus, parking, breakfast, luncheon and coffee breaks

NOTE: Cancellations postmarked after January 30th are subject to \$25 service charge. No refunds after February 1st

NAME: _____

ADDRESS (Office) _____

PHONE (Office) () _____ FAX () _____

E-MAIL _____

ADDRESS (Home) _____

PHONE (Home) () _____

M.D.

RESIDENT

PHYSICIAN/RESIDENT SPECIALTY: _____

HEALTH PROFESSIONAL

Degree: _____ : (FIELD) _____

STUDENT

MAKE CHECK PAYABLE TO: Stony Brook School of Medicine, OCME

MAIL CHECK TO: Dorothy S. Lane, M.D.

Associate Dean for CME
Stony Brook University
School of Medicine (HSC, 2L)
Stony Brook, NY 11794-8222

or **CREDIT CARD:** (check one) American Express Discover Master Card Visa

Card # _____ Cardholder Name: _____

Expiration Date: _____ Security Code: _____ TOTAL AMOUNT: _____

I AUTHORIZE STONY BROOK UNIVERSITY SCHOOL OF MEDICINE TO PROCESS THE ABOVE CREDIT CARD IN THE AMOUNT INDICATED

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