

REGISTRATION FORM
9TH INTERNATIONAL MEETING ON THE
PSYCHOSOCIAL ASPECTS OF GENETIC TESTING FOR HEREDITARY CANCER
JUNE 9-10, 2005

Thomas Jefferson University • Philadelphia, Pennsylvania

| | | |
|---|--------------------------|-------------|
| Last Name | First Name | MI |
| Title (Dr., Mr., Mrs.) | Personal Title (II, Jr.) | Degree |
| Specialty | | |
| Mailing Address | | |
| City | State | Zip Country |
| Telephone | Facsimile | E-Mail |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Web ID (Please provide the last 4 digits of SSN as your Web ID. This will allow you to access your CME transcript at any time after the course.) | | |

Please note that Jefferson Alumni Hall is wheelchair accessible from 11th Street between Locust and Spruce Streets. If you have any dietary restrictions or requests, please enter them here: _____.

Registration Fees (all funds in USD) Deadline for Registration is June 3, 2005

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|---|---|
| <input type="checkbox"/> Conference Registration (MD, PhD) US\$300 | <input type="checkbox"/> Genetic Counselors/Nurses/Social Workers US\$250 |
| <input type="checkbox"/> Jefferson Cancer Network US\$125 | <input type="checkbox"/> Jefferson Health Systems US\$125 |
| <input type="checkbox"/> Conference Dinner at Jefferson Alumni Hall (Thursday, June 9) – \$50.00 per person # Tickets: _____ If more than one ticket, please add guest name(s) here: _____ | |

Payment

Please make check payable to **Jefferson Medical College, Office of CME**, or provide Credit Card Information. Do not send cash. Registration will not be processed unless full payment is received.

Check is enclosed.
 I hereby authorize use of my: Visa MasterCard Amount \$ _____

| | |
|-------------------|-----------------|
| Account Number | Expiration Date |
| Cardholder's Name | Signature |

To Register:

Register Online
<http://jeffline.jefferson.edu/jefcme>

Mail
 Psychosocial Aspects
 Jefferson Medical College
 Office of CME
 1020 Locust Street,
 Suite M-5
 Philadelphia, PA 19107
 USA

Phone
 For registration inquiries, please contact the Office of CME at 1-888-JEFF-CME or 215-955-6992
For more information about the conference, please call Dr. Kathryn M. Kash at 215-955-6105, or email at kathryn.kash@jefferson.edu, or go to the website:
www.kimmelcancercenter.org/psychosocialHC

Registration Information
The Registration Fee includes all course materials, CME Certificate, and continental breakfasts, lunch on Thursday, wine and cheese poster reception on Thursday, and refreshment breaks. The Registration Fee does not include parking. Your registration will be confirmed by mail. If you have any special needs, please contact the Office of Continuing Medical Education by May 25, 2005 at 1-888-JEFF-CME.

Refund/Cancellation Policy
Requests for refunds must be submitted in writing and received in the Office of Continuing Medical Education by May 25, 2005. There will be no refunds after this date. There will be a \$50.00 processing fee for all refunds. Registrants who fail to attend the conference are responsible for the entire fee. All refunds will be processed after the conference. The University reserves the right to cancel or postpone this course due to unforeseen circumstances. In the event of a cancellation or postponement, the University will refund registration fees, but is not responsible for related costs or expenses to participants, including cancellation fees assessed by hotels, airlines or travel agencies.