

2009 Pets, People and Pathogens: Emerging Diseases

Wednesday, November 18, 2009 12:30 – 4:30 pm

REGISTRATION FORM

Tuition: \$100 for MD/DVMS and \$75 for Allied Health Professionals

Includes healthy break, cocktail hour with appetizers, valet parking, abstract book and CME/CE certification.

Name (PLEASE PRINT)

Mailing Address

Mailing Address

City State Zip

Day Phone

Fax

E-mail

Specialty

Please register me for this activity. Enclosed is my check for ___\$100 OR ___\$75 made payable to: Coastal Care Medical Management OR enclosed is my credit card information.

____VISA ____MC

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I require special accommodations in order to fully participate in this activity. (Please check this box and a staff member will contact you to discuss your specific needs.)

REGISTER EARLY!
DEADLINE FOR REGISTRATION IS
November 11, 2009

Mail registration form and payment to:
Coastal Care Medical Management
Attention: CME Director
10 Davol Square, Suite 400
Providence, RI 02903

For more information about this activity, please contact Miriam Giles at (401) 421-4000 X 270 or mgiles@coastaldocs.com or go to our website at <https://coastaldocs.com/cme.wss>

Cancellations must be made in writing to Coastal Care Medical Management at least two weeks prior to the conference date. A \$25.00 administrative fee will be charged for refunds and there will be no refunds for "no shows".