

REGISTRATION FORM

NOTE: Space is limited and registrations will be taken on a first come, first serve basis. To be sure that we have enough materials printed, we ask that you RSVP your attendance no later than November 20, 2009.

Name: _____ **Degree:** _____

Institution: _____

Address: _____

Telephone: _____ **Fax:** _____

E-mail: _____

Soc. Security # (last 5 digits): _____

(Necessary for certification)

Certification requested (Please check one):

CME Social Work None Required

Registration Fee*: \$30.00 (include break services, lunch and conference materials). Please check the appropriate field below.

_____ **\$30.00 Registration**

_____ **I am a CEP Representative (No Fee)**

Note: Registration Fee will be waived for designated CEP representatives.

Make Checks Payable to the **University of Pittsburgh**

***If processing payment through your institution, please fax your registration information to 412-647-5877, so that we can be sure to record your attendance.**

Please send/fax completed registrations to:

Consortium Ethics Program
3708 Fifth Avenue, Suite 300
Pittsburgh, PA 15213

Phone: 412-647-5832; Fax: 412-647-5877

****Confirmation Letters and Directions to the conference center will be mailed by November 25, 2009.***

Cancelled registrations made by 4:00 PM November 30, 2009 will be fully refunded. Cancellations after November 30, 2009, will not be refunded but a substitute is permitted. In the event of inclement weather, please call (412) 647-5834 for more information.