Bariatric Education Days  
Evolving Treatment Across Health Systems

Registration Form

Please type or print clearly. A name badge and statement of participation are generated from this form.

Name __________________________________________
Affiliation ___________________________ Department ___________________________
Address __________________________________________ HOME OFFICE
City ___________________________ State ______ Zip ________
Telephone ___________________________ FAX ___________________________
E-mail __________________________________________

Receipts, confirmation, and driving directions are e-mailed from our office. Please provide your e-mail address and print clearly.

Degree:  
☐ APRN (NP, CNS, CRNA, CNM)  ☐ MD/DO  ☐ PA  ☐ PharmD/RPh  ☐ PhD
☐ PsyD  ☐ RD  ☐ RN  ☐ Other-specify __________________________

Specialty:  
☐ Surgery  ☐ Dietician  ☐ Family Medicine / Internal Medicine
☐ Nutrition  ☐ Other-specify __________________________

Registration Fees

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<tr>
<th></th>
<th>Kickoff Rate</th>
<th>Early Bird Rate</th>
<th>Regular Rate</th>
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</thead>
<tbody>
<tr>
<td>Physician</td>
<td>$350</td>
<td>$400</td>
<td>$500</td>
</tr>
<tr>
<td>Other Health Care Professional</td>
<td>$250</td>
<td>$300</td>
<td>$400</td>
</tr>
<tr>
<td>Resident/Fellow/ Student</td>
<td>Fee Waived</td>
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SPECIAL REQUESTS - Special needs such as dietary restrictions, lactation room, etc. should be requested in advance; requests cannot always be honored on site.

Dietary: ___________________________ Other: ___________________________

TO REGISTER

Check payment: Mail this registration form and your check, payable to Regents of the University of Minnesota, to:
Office of Continuing Professional Development, University of Minnesota Medical School, MMC 293, Mayo Memorial Bldg. Room G-254, 420 Delaware Street SE, Minneapolis, MN 55455
Credit Card payment: Register online at www.cme.umn.edu/bariatricedu

CANCELLATION POLICY

In the event you need to cancel your registration, the registration fee, less a $50 administrative fee, will be refunded if you notify us by 4:30 p.m. CST on May 11, 2016. No refunds will be made after this date. If you have any questions, please contact our office at (612) 626-7600 or (800) 776-8636, or e-mail us at cme@umn.edu.

University of Minnesota  
Continuing Professional Development