

REGISTRATION

30TH ANNUAL SKI & LEARN *Dental Seminar*

January 17-21, 2010

Vail, Colorado

Name: _____

Specialty/Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Last Four Digits of Social Security No.: _____
(Required for CDE Tracking)



Special Needs: _____

Tuition: \$545 Dentist, \$380 Auxiliary **BEFORE** December 10
\$570 Dentist, \$390 Auxiliary **AFTER** December 10

Discount Lift Tickets:

(Orders must be received by December 14, 2010)

	Adults	Number	Children	Number
3 of 6 days	\$270	_____	\$165	_____
4 of 6 days	\$315	_____	\$185	_____
5 of 7 days	\$340	_____	\$230	_____
6 of 8 days	\$375	_____	\$270	_____

Tuition: \$ _____

Lift Tickets: \$ _____

Total Enclosed: \$ _____

Make check payable to:

EMORY UNIVERSITY SCHOOL OF MEDICINE

Or pay by credit card (complete form below)



Name _____

(as it appears on card)

Card Number _____

Expiration Date _____

Signature _____

Detach and mail to:

CONTINUING MEDICAL EDUCATION

Emory University School of Medicine
1462 Clifton Road NE, Suite 276
Atlanta, GA 30322

Phone: (404) 727-5695

Toll free: (888) 727-5695

Fax: (404) 727-5667

Email: cme@emory.edu

Register online at www.emory.edu/CME