

**22<sup>nd</sup> ANNUAL UPDATE IN PRIMARY CARE  
THE LANDMARK RESORT, EGG HARBOR, WISCONSIN**

**COURSE REGISTRATION DEADLINE: Monday, August 25, 2009**

Please print or type the following information.

Name: first middle last degree(s)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax: \_\_\_\_\_

Specialty: \_\_\_\_\_ E-mail: \_\_\_\_\_

MCW Faculty: YES \_\_\_\_\_ NO \_\_\_\_\_ First Time Attending: \_\_\_\_\_ Yes

Special needs? \_\_\_\_\_

**Registration fee includes:** AMA PRA Category 1 Credits™ and certificate, course handbook, three continental breakfasts on Thursday, Friday, and Saturday: October 8-10, 2009 and a welcome reception on Thursday, October 8, 2009.

**COURSE FEES:**

\_\_\_\_\_ **\$325 Early Registration prior August 15<sup>th</sup>** Physician, Resident, & non physician **3-day** course fee

\_\_\_\_\_ **\$350 3-day course fee after August 15, 2009**

\_\_\_\_\_ **\$280 2-day. Please indicate which days you will attend:**

Thursday, Oct. 8<sup>th</sup>: \_\_\_\_\_ Friday, Oct. 9<sup>th</sup>: \_\_\_\_\_ Saturday, Oct. 10<sup>th</sup>: \_\_\_\_\_

**“Ask the Professor” Lunch Workshop(s): (limited capacity)**

\_\_\_\_\_ **\$50 Thursday, Oct. 8<sup>th</sup>** \_\_\_\_\_ **\$50 Friday, Oct. 9<sup>th</sup>**

**Please make check payable to: Medical College of Wisconsin-General Internal Medicine**

**Or pay by Master Card or Visa (Circle one) Account #: \_\_\_\_\_**

**Name, as it appears on credit card (print): \_\_\_\_\_**

**Expiration date: \_\_\_\_\_ Signature: \_\_\_\_\_**

**FORWARD PAYMENT AND REGISTRATION FORM TO:**

Sue Goodman, Division of General Internal Medicine  
Froedtert & The Medical College of Wisconsin Clinical Cancer Center, 5<sup>th</sup> Floor  
9200 West Wisconsin Avenue  
Milwaukee, WI 53226  
Phone: 414-805-0819 Fax: 414-805-0855