

REGISTRATION FORM



Best Evidence ENT

Best Evidence ENT 2019

August 8-11

The American Club

Kohler, Wisconsin

NAME:
DEGREE:
STREET ADDRESS:
CITY/STATE/ZIP:
CONTACT PHONE NUMBER:
EMAIL:
<i>Do you have any special needs or food allergies?</i>

REGISTRATION FEE

Physicians: \$450 before June 1, 2019 and \$550 on/after June 1, 2019

RNs/APPs/healthcare providers: \$350 before June 1, 2019 and \$450 on/after June 1, 2019

Total Fee \$ ____

PAY BY CREDIT CARD: American Express MasterCard Visa Discover

Credit Card #:
Expiration Date :
Card Holder's Name:

PAY BY CHECK: Make check payable to: MCW/Otolaryngology

Mail registration with payment to:
MCW/Otolaryngology
c/o Diann Fiscus
8701 Watertown Plank Road
Milwaukee, WI 53226

Registration includes admission for 2 to the reception on Saturday in the Kohler Design Center, refreshment breaks, breakfast on Friday and Sunday, and a to go lunch on Saturday.

FAX REGISTRATION with payment to: 414-955-0074

PAY BY PHONE: 414-955-0827

CONFIRMATION

A confirmation email will be sent upon receipt of registration.

REFUND POLICY

Refunds for cancellation will be made if requested in writing before July 1, minus a \$75 administrative fee. No refunds will be made on/after 7/1/2019. The Department of Otolaryngology and Medical College of Wisconsin reserve the right to alter or cancel this conference if necessary.

*For additional conference information,
and to reserve tee times for the afternoons of August 9 and 10,
please contact Diann Fiscus at dfiscus@mcw.edu or 414.955.0827.*

How did you hear about this conference? Please mark with an x.

Colleague Printed Conference Program MCW website ENT Today Advertisement Save the Date Conference Flyer other