

28TH ANNUAL NEW YORK Controversies, Problems & Techniques in Surgery

December 15-17, 2011 | New York, NY

SYMPOSIUM COURSE DIRECTORS
MONTEFIORE MEDICAL CENTER

Robert Michler, MD
Steven Libutti, MD
Peter Shamamian, MD



Montefiore EINSTEIN

REGISTRATION FORM December 15-17, 2011 | The Waldorf=Astoria | New York, NY

REGISTRANT INFORMATION

Please print your name as you would like it to appear on your name badge.

FIRST NAME	LAST NAME
INSTITUTION	
ADDRESS	
CITY / STATE / ZIP	
OFFICE PHONE	FAX
EMAIL	OFFICE CONTACT
PROFESSIONAL SPECIALTY	

REGISTRATION FEES (for Friday & Saturday Symposium to be held at Waldorf=Astoria New York)

<input type="checkbox"/> Practicing Physician	\$825	\$ _____
<input type="checkbox"/> MMC / Einstein Physician	\$500	\$ _____
<input type="checkbox"/> Non-MD Health Professional	\$500	\$ _____
<input type="checkbox"/> Non-MMC / Einstein Resident/Fellow	\$500	\$ _____
<input type="checkbox"/> MMC/Einstein Resident/Fellow	No Charge	
<input type="checkbox"/> RN / PA / NP	No Charge	

OPTIONAL EVENTS

Thursday, December 15, 2011 – Ultrasound and Ultrasound-Guided FNA for Surgeons

<input type="checkbox"/> Morning Didactic	\$100	\$ _____
<input type="checkbox"/> Morning Didactic & Afternoon Lab	\$295	\$ _____

GRAND TOTAL \$ _____

Full payment must be received with the registration form via a check, payable to Montefiore Medical Center or by credit card by filling out the information below. **NO BALANCE DUES ARE PERMITTED.**

PAYMENT INFORMATION

- PAY BY CREDIT CARD** - Fax to 913-273-1140 (*"Department of Surgery – CME" will appear on your credit card statement*)
- American Express MasterCard VISA

Name as it appears on card _____

Card Number _____ Expiration Date _____ / _____

Billing Address where Credit Card Statements are Sent To _____ Signature _____

- PAY BY CHECK** - Make check payable to Montefiore Medical Center

MEETING CONFIRMATIONS will be emailed to the email address provided in the "Registration Information" section above.

REGISTRATION QUESTIONS: Telephone: 913.402.7102 Email: events@lp-etc.com

CANCELLATION POLICY: Refunds will be given when requested in writing and faxed to 913-273-1140 or emailed to: events@lp-etc.com by December 12, 2011; less a \$90 processing fee.

For NYC information visit: www.nycvisit.com or www.nycgo.com

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Attn: Nonie Lowry

5019 W 147th St.
Leawood, KS 66224

Telephone: 913-402-7102
Fax: 913-273-1140

Email: events@lp-etc.com
Web: www.surgerysymposium.org

Make checks payable to
Montefiore Medical Center