

A Clinical Summit on Critically Challenging Patients

DIABETES AND THE HEART



Joslin Diabetes Center



Cleveland Clinic

REGISTRATION FORM

September 13-14, 2010 ♦ Sheraton Boston Hotel ♦ 39 Dalton Street ♦ Boston, MA 02199

Please print legibly or type to ensure accurate registration.

One registration per form, please – you may photocopy the form for others.

First Name:	Last Name:	
Degree:	Affiliation:	
Specialty:		
Address:		
City:	State:	Zip:
Telephone:	Fax:	
Email: <i>(required for confirmation purposes)</i>		

Registration Fees

Registration fee includes full attendance, syllabus, continental breakfasts, lunch and breaks.

The deadline to register for Early Bird rates is July 30, 2010.

	Early Bird	Regular
Physician	\$325	\$425
Resident, Fellow, Nurse, Physician Assistant, non Physician	\$225	\$295
Industry/Commercial	\$895	\$995
Employees of Joslin Diabetes Center, its Affiliates, or Cleveland Clinic		
Physician	\$175	\$225
Resident, Fellow, Nurse, Physician Assistant, non Physician	\$105	\$135

Payment Options:

Credit Card

Complete the section below

Check

Make checks payable to Joslin Diabetes Center

Credit Card Type: (circle one)	American Express	Discover	MasterCard	Visa
Name shown on card: (please print)				
Credit Card Number:				
Exp Month:	Exp Year:	Security Code:		
Signature:			Date:	

Please fax this form without a cover sheet to (617) 226-5925

**Or mail with check enclosed to
Joslin Diabetes Center, Attn: Wan Chi Yuen
One Joslin Place, Boston MA 02215**