

Expert Strategies for the Treatment of Upper Gastrointestinal Disorders

Friday–Saturday, July 11–12, 2008 • InterContinental Mark Hopkins • San Francisco, California

1 Please Print

Title (Mr., Mrs., Ms., Dr.) _____ Full name (First, MI, Last, Suffix) _____

E-mail _____

Priority code (Please copy this code located above your name on the mailing label.) _____

Credentials _____ Specialty _____

Physician Nurse Fellow Resident Other healthcare professional (please specify) _____

Institution or firm _____

Address (Home or Work) _____

City, State, ZIP _____ Fax (_____) _____

Daytime phone (_____) _____ Evening phone (in case of last minute event changes) (_____) _____

Please include my information on the participant roster. Please do not include my information on the participant roster.

2 Fees

Physician\$75

Fellow Physician.....\$75

Other Healthcare Professional.....\$50

Nurse\$50

Thursday Night Reception—July 10.....No charge

Total due \$ _____

3 Payment

Check enclosed. **Make payable to KU Medical Center.**

Charge to: MasterCard VISA (no other cards accepted)

Card # _____ Exp. _____

Name on card (print) _____

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4 Preferred Means of Communication

Please continue to send KUCE information by (check all that apply):

Mail E-mail Fax

Please remove my name from the mailing list.

5 Easy Ways to Register

Mail Complete the registration form and mail with payment to:

The University of Kansas

Continuing Education

Registrations

1515 St. Andrews Drive

Lawrence, Kansas 66047-1625

Phone Toll-free 877-404-KUCE (5823)

or 785-864-KUCE (5823)


Fax 785-864-4871

TDD 800-766-3777

Web www.ContinuingEd.ku.edu

(keyword: *gastrointestinal*)

Special Accommodation

 If you will need special accommodation, please mark the box above, and a member of the Continuing Education staff will contact you. CM097001/JCN081103

Privacy Policy

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Program Accessibility

We accommodate persons with disabilities. Please call 785-864-5823 or mark the space on the registration form, and a KU Continuing Education representative will contact you to discuss your needs. To ensure accommodation, please register at least two weeks before the start of the conference.

The University of Kansas is committed to providing programs and activities to all persons, regardless of race, religion, color, national origin,

ancestry, sex, age, disability, and veteran status. In addition, university policies prohibit discrimination on the basis of sexual orientation, marital status, and parental status.

The University of Kansas Medical Center is an AA/EQ Title IX institution.

Refund and Cancellation Policy

A full refund of registration fees, less a \$15 administrative fee, will be available if requested in writing and received by July 3, 2008. No refunds will be made after that date. A \$30 fee also will be charged for returned checks. **(Please note that if you fail to cancel by the deadline and do not attend, you are still responsible for payment.)** KU Continuing Education reserves the right to cancel the Expert Strategies for the Treatment of Upper Gastrointestinal Disorders conference and return all fees in the event of insufficient registration. The liability of the University of Kansas is limited to the registration fee. The University of Kansas will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.