



**UCSF Pediatric an Adult Spine Surgery Course  
REGISTRATION FORM**

Continuing Medical Education Course: MOR20009  
March 18 - 21, 2020 Honolulu, HI

NAME \_\_\_\_\_  
Last First MI Degree

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME/MOBILE PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Would you like to be on our priority email list? ( ) Yes ( ) No

**Registration Fee (does not include travel/lodging)**

<b>Early Bird Ends- 01/31/20</b> Physicians \$825 Allied Health Professionals \$725 Residents/Fellows \$725 Industry Rate \$1,500	<b>Regular Fee Begin- 02/01/20</b> Physicians \$950 Allied Health Professionals \$850 Residents/Fellows \$850 Industry Rate \$1,750
---	---

Please charge my  Visa  MasterCard  American Express

No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date \_\_\_\_\_ For \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Please fax form to 415-476-1304 by 02/20/2020.  
**PLEASE DO NOT EMAIL THIS FORM.**  
Thank you!  
For more information, visit [spinehawaii.ucsf.edu](http://spinehawaii.ucsf.edu)