

**Can We Prevent Diabetic Nephropathy?
New Evidence, New Strategies, New Hope**

Friday, February 20, 2004

Registration Form

You may complete this form on-line, but it must be printed and mailed with the registration fee. It cannot be submitted electronically.

One Person Per Form Please

Name _____
 First Middle Last

Professional Degree: MD DO NP PA RN Other _____

Mailing address _____

City, State _____

Zip Code _____

Daytime phone _____ Fax _____

E-mail _____

TOTAL ENCLOSED \$ _____

\$75.00 MD/DO \$50.00 All Others

Lunch is included in registration fee – Please indicate if vegetarian is requested

Please make check payable to: (sorry, we are unable to accept credit card payments)

OHSU Nephrology

Mail to: Nephrology CME – PP262

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