

# REGISTRATION

Internal Medicine Review

March 5 - 6, 2020

**Before February 22, 2020 - \$425.00**  
**On or after February 22, 2020 - \$475.00**

I have enclosed my check made payable to **OHSU CME** for \$\_\_\_\_\_

*To pay with a credit card, please register online at*  
**[www.ohsu.edu/som/cme](http://www.ohsu.edu/som/cme)**

If you have not received confirmation within seven days of submitting your registration, please call 503-494-4898

**Concurrent Sessions:** *Please indicate first and second choices for each time period by (1) and (2). Enrollment is limited and registrations are confirmed in the order received.*

## THURSDAY:

**11:10**   ☐ DOACs                      ☐ Abdominal Surgery                      ☐ HIV Risk

## FRIDAY:

**11:10**   ☐ Cancer Treatment                      ☐ Skin Biopsy                      ☐ STDs

Name \_\_\_\_\_

*(Please use one form per registrant and clearly print or type information)*

Professional Degree \_\_\_\_\_ Practice Emphasis \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

## OHSU Alumni?

☐ MD                      ☐ GME                      ☐ MD & GME                      ☐ PA                      ☐ SON

*Please return to: Division of CPD-L602, OHSU,*  
**3181 SW Sam Jackson Park Rd., Portland, OR 97239**