

# ADVANCED SIALENDOSCOPY AND MINIMALLY INVASIVE SURGERY

## Saturday and Sunday, May 6 & 7, 2017

Hatch Auditorium • Icahn School of Medicine at Mount Sinai, New York, NY

### Registration Fee

	Postmarked by April 8, 2017	After April 8, 2017
<b>Full Course</b>		
<input type="checkbox"/> Practitioners	\$1,250	\$1,300
<input type="checkbox"/> Residents and Fellows	\$1,000	\$1,025
<b>Didactics Only</b>		
<input type="checkbox"/> Practitioners	\$525	\$575
<input type="checkbox"/> Residents and Fellows	\$200	\$225

**Note - All cancellations** must be confirmed in writing to The Page and William Black Post-Graduate School by April 8, 2017 for tuition refund. An administrative fee of \$50 will be retained. No refunds will be made on cancellations after this date or for "no shows."

### Online Registration

Visit [www.icahn.mssm.edu/cme/courses](http://www.icahn.mssm.edu/cme/courses) then choose "Register For a Course".

Confirmation will be sent via e-mail. If you have not received your confirmation email prior to the course please email [cme@mssm.edu](mailto:cme@mssm.edu) to confirm registration.

### Mail Registration

**MAIL** this form with your check payable to The Page and William Black Post-Graduate School at:

**Icahn School of Medicine at Mount Sinai**

The Page and William Black Post-Graduate School

One Gustave L. Levy Place, Box 1193

New York, NY 10029-6574

Last Name	First Name	(MD, DO, RN, etc.)
Address		
City	State	Zip
Phone	Email	
Institution / Affiliation	Specialty	

### On-site Registration

**Use this form for on-site registration only.** For security reasons we cannot accept credit card payment by mail or fax. Register online to pay by credit card: Visa, MC, AMEX

Bill My Credit Card: \$ \_\_\_\_\_  Visa:  Master Card  AMEX

Credit Card Number:

Cardholder's Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ CCV No.: \_\_\_\_\_

For conference information, please call the Office of CME at  
212-731-7950 or email [cme@mssm.edu](mailto:cme@mssm.edu)