VISIT OUR WEB SITE TO REGISTER ON LINE
www.oklahomadiabetescenter.com

REGISTRATION FORM
DIABETES UPDATE 2008
521-0051-901

MAIL OR FAX REGISTRATION TO:
University of Oklahoma OUTREACH
1700 Asp Avenue, Room B1
Norman, OK 73072-6400
Phone: (405) 325-1022  Fax: (405) 325-7164

LAST NAME       FIRST NAME

DISCIPLINE:  (  ) NURSING (  ) NUTRITION (  ) PHARMACY (  ) PHYSICIAN (  ) PA

PLACE OF EMPLOYMENT

PARTICIPANT MAILING ADDRESS

CITY    STATE  ZIP

DAYTIME PHONE   E-MAIL

CHECK THE APPROPRIATE REGISTRATION TYPE:

REGISTRATION BEFORE NOVEMBER 10TH  REGISTRATION NOVEMBER 10TH – 14TH
___ $220 Physician       ___$320 Physician
___ $180 Other Health Professional ___$280 Other Health Professional
___ $75 OU Employees       ___$100 OU Employee
___ $25 Fellow, Resident, Student ___$50 Fellow, Resident, Student

*NO CE AWARDED TO A FELLOW, RESIDENT OR STUDENT*

METHOD OF PAYMENT – PLEASE CHECK ONE:

(  ) Check or money order made payable to The University of Oklahoma

(  ) Purchase Order attached. P.O. # ________________________________

(  ) Please charge fee(s) to my credit card:

(  ) AMERICAN EXPRESS  (  ) VISA  (  ) MASTERCARD  (  ) DISCOVER

CARD # ___________________________________________________________

EXPIRATION DATE___________________________________________________

SIGNATURE OF CARDHOLDER__________________________________________

CANCELLATION POLICY – A refund will be made upon written request prior to NOVEMBER 3, 2008; however, $25.00 will be retained for administrative costs. No refunds will be made after NOVEMBER 3, 2008.