



UNIVERSITY OF COLORADO HOSPITAL

Registration Form

Thoracic Surgery Seminar November 6, 2009

For detailed class information including, time, location, and parking please visit the following website www.uch.edu/classes_events (then click on Continuing Education)

Registration Fees:

- \$18.50, UCH Employees ONLY
- \$37.00, Community/ Non-UCH Employees

Name: _____
 Title: _____
 Address: _____
 City/State: _____ Zip Code: _____
 Work Phone #: _____ Home Phone #: _____
 Hospital/Organization: _____
 Email Address: _____

By checking this box, I authorize my email address to be added to the UCH email distribution list.

Please indicate if you have any need for auxiliary aids or special assistance needs.



Please complete this form and return registration and payment by October 30, 2009 to:

Stephanie Insinna
Professional Resources, MS 901
12401 E. 17th Ave
P.O. Box 6510
Aurora, CO 80045

****** Registrations will not be accepted without payment******

Payment Type (Circle One)

- Check Amount \$ _____

Make check payable to **University of Colorado Hospital**

- Credit Card
Card Type: MasterCard VISA Discover

Name as is appears on card: _____

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

Signature _____