

REGISTRATION APPLICATION: ME8044
**ANNUAL SPRING DERMATOLOGY
REVIEW 1999 FOR FAMILY PHYSICIANS**
March 31 & April 1, 2001

TUITION:	Before Feb.12/99	After Feb.12/99	On-site
Physicians	\$359 (US\$246)	\$379 (US\$260)	\$399 (US\$273)
UBC Residents	\$89	\$89	\$89

(Includes refreshments, two lunches, course materials & web modules)

To ensure course materials are ready for you at the course, your registration **must be received by 4:00 p.m., March 23, 2001**. Registrations not received by this point will be charged the on-site rate.

NOTE: Payment must accompany registration form in order to be processed.

Name: _____

Mailing Address: _____

City: _____ **Prov/State:** _____ **Postal/Zip Code:** _____

Daytime Telephone: _____

Fax Number: _____

Employer/Hospital Affiliation: _____

METHOD OF PAYMENT

Charge by Phone/Fax/Email:

Local/Outside BC: 604-822-2626;

Toll free within BC: 1-800-663-0348;

Register by Fax: 604-822-4835;

Register by Email: cristina@cehs.ubc.ca Web Site www.cme.med.ubc.ca

_____ Visa MasterCard
Credit Card Expiry Date

Name of Cardholder

Payment by Cheque:

Please make your cheque payable to the University of British Columbia and forward to the following address:

Registration, Continuing Education in the Health Sciences

The University of British Columbia

Room 105 - 2194 Health Sciences Mall

Vancouver, BC, Canada V6T 1Z3