Diagnostic Error in Medicine - 2009 - Registration

Today's date:					
REQUIRED INFORMATION					
Last name: First: Middle: Email Address:			❑ Mr. ❑ Mrs.	❑ Dr ❑ Ms.	Work phone no : ( )
Mailing Address					Home phone no : ( )
City:	State:		Zip Code:		
Occupation:	Title \ Affiliation				

VOLUNTARY INFORMATION					
❑ Special food allergies or issues ? To what :	❑ Kosher meal requested	❑ ADA accommodations needed ? What :			
What other meetings do you attend ?	❑ AMIA	❑ NPSF	❑ IHI	❑ SGIM	❑ Other

IN CASE OF EMERGENCY			
Whom should we contact ?	Relationship:	Home phone no.: ( )	Work phone no.: ( )

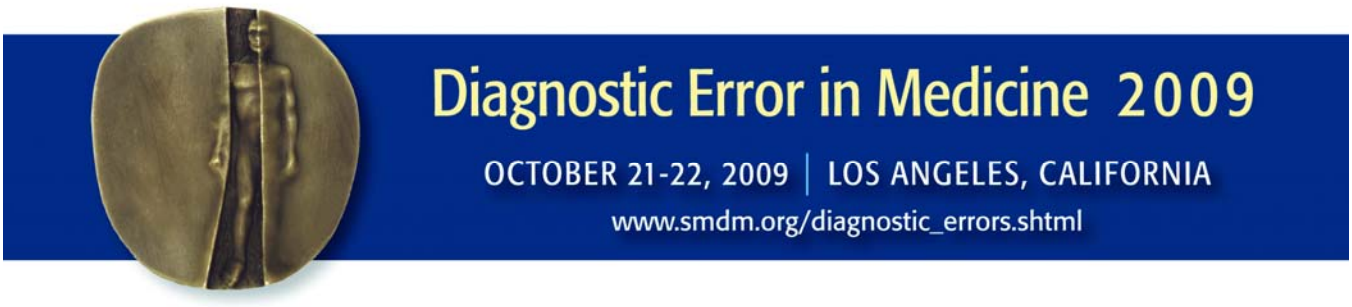
Please fax or email this form to Ms Marie Cortsen at +1 (908) 359-7619, info@SMDM.org, or mail to SMDM, 390 Amwell Road, Suite 402, Hillsborough, NJ 08844-4693, USA

Registration Fee: **If you plan to attend BOTH SMDM and DEM, please register for both meetings on the SMDM meeting web site**

☐ Early Bird (Before Sept 25) $175 ☐ Pre-Conference $225 ☐ At the conference $250

☐ Trainees $ 100 ☐ **Invited speaker - comped**

Please mail this form and a check made payable to SMDM in US dollars to SMDM
Or charge to:

☐ **VISA** ☐ **Discover** ☐ **MasterCard** ☐ **American Express**

Name on card: **Expiration Date:**
Credit card number: **Validation code:**
Signature of cardholder: