



9th Annual Symposium on Gastrointestinal Cancers

An update on advances in diagnosis and management

Saturday, September 11, 2010. The Ritz-Carlton Hotel, St. Louis, Missouri

Registration Form

Register on-line <http://medschool.slu.edu/cme/>

Tuition Fees:

Physicians

Prior to July 31, 2010.....	\$150
August 1 to August 31, 2010	\$200
After September 1, 2010	\$300

Residents and Fellows, Nurses and Allied Staff

Prior to August 15, 2010	\$100
After August 15, 2010	\$300

SLU and MBMC Staff, Housestaff and Nurses

.....	No Charge
After August 15, 2010	\$300

Cancellation:

Prior to August 15, 2010.....	\$50
After August 15, 2010	No refunds

Course fee includes breakfast and lunch.

Approved for 8.25 AMA PRA Category 1 Credits™.

For questions, call 314-977-7401.

Please Print:

Name: _____ Degree: _____

Position/Specialty: _____ Date of birth: _____

Mailing Address: _____
(used for CME ID)

City: _____ State: _____ Zip: _____

Business Phone: () _____

Fax: () _____ Home: () _____

Email Address: _____

Special Needs: _____

Course #091110

Hotel Accommodations - please check the on-line registrations site for special discounted room rates and links to the hotel reservations.

Method of Payment:

Register online, pay by credit card, receive instant confirmation number.

On-Line registration instructions:

Please go to the CME website at <http://medschool.slu.edu/cme> and click on 2010 events.

Scroll down to the correct course and click on the on-line registration area.

Once you are in the on-line registration site you can click on the tabs to see up to date information regarding faculty or schedule changes, hotel information, syllabus, available credits, and parking information. Please note you must use your own date of birth and email in order to use the on-line registration system. If more than one person registers under the same email only the most current participant will be saved in the roster.

Or pay by check:

Make check payable to "Saint Louis University CME" Registrants will receive a letter of confirmation upon receipt of their registration and payment.

Check Enclosed Amount \$ _____
(made payable to "Saint Louis University CME")

Send registration form and payment to:

Saint Louis University School of Medicine
Continuing Medical Education
3839 Lindell Blvd. • St. Louis, MO 63108