# 7th Annual Symposium on Gastrointestinal Cancers

Saturday, September 20, 2008.
The Ritz-Carlton Hotel, St. Louis, Missouri

# Registration Form

## Tuition Fees:

- **Physicians**

  Prior to July 31, 2008..... $150
  August 1 to August 31, 2008 ..... $200
  After September 1, 2008 ..... $300

- **Residents and Fellows, Nurses and Allied Staff**

  Prior to August 15, 2008 ..... $100
  After August 15, 2008 ..... $300

- **SLU and MBMC Staff, Housestaff and Nurses** ..... No Charge

  After August 15, 2008 ..... $300

## Cancellation:

Prior to August 15, 2008..... $50
After August 15, 2008 ..... No refunds

**Course fee includes breakfast and lunch.**
**Approved for 8.0 *AMA PRA Category 1 Credits™*.**

## Method of Payment:

Make check payable to "Saint Louis University CME"
or register by fax if paying by credit card.
Fax: 314-977-7345, phone 314-977-7401,
or toll free 800-553-2712. Registrants will receive a letter of confirmation upon receipt of their registration and payment.

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

☐ Charge: ☐ Amex ☐ MasterCard
☐ Visa ☐ Discover
Amount $ _____

Account Number: _____

Signature: _____

Expiration Date: _____

*Send registration form and payment to:*
**Saint Louis University School of Medicine**
**Continuing Medical Education**
**3839 Lindell Blvd. • St. Louis, MO 63108**

## Please Print:

Name: _____ Degree: _____

Position/Specialty: _____ Date of birth: _____
(used for CME ID)

Social Security # (Nurses Only): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: ( ) _____

Fax: ( ) _____ Home: ( ) _____

Email Address: _____

Special Needs: _____

**Course #092008**