ADVANCING GLOBAL HEALTH:
Ethical and Logistical Issues
Monday, December 5, 2016

REGISTRATION FORM

Name_____ _____
First M.I. Last Degree

Mailing Address_____

City_____**State**_____**Zip**_____**Country**_____

Daytime Telephone_____**Email**_____

Specialty_____

Special Dietary Needs: **Kosher** **Vegetarian** **Gluten-Free**

REGISTRATION FEE **$125.00**
Students are Complimentary

I will utilize transportation service _____I do not require transportation_____

WINE AND CHEESE RECEPTION
I will attend____ I will not attend____

FIVE EASY WAYS TO REGISTER
Online www.mecme.org
Phone 718-920-6674
Fax 718-798-2336
Email npiacent@montefiore.org
Mail Completed registration form with your payment to: Center for Continuing Medical Education
3301 Bainbridge Avenue, Bronx, NY 10467

PAYMENT METHOD
____ Check payable to **Montefiore Medical Center**

____ Visa ____ MasterCard ____ American Express

Card #_____**Exp. Date**_____

Signature_____

CANCELLATION POLICY
Request for refunds MUST be received in writing by November 25, 2016 and subject to $25.00 administrative fee.
NO REFUNDS WILL BE PROCESSED AFTER THIS DATE.

FOR FURTHER INFORMATION CONTACT
Center for Continuing Medical Education
Call us at 718-920-6674 E-mail us at npiacent@montefiore.org
Global Health Center at Einstein global@einstein.yu.edu