

REGISTRATION FORM

A COMPREHENSIVE REVIEW IN CLINICAL LABORATORY SCIENCES

JUNE 24-28, 1999 UTMDACC

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

DAY PHONE: _____

NIGHT PHONE: _____

SOCIAL SECURITY NO.*: _____

*necessary for refunds and certification of attendance

FEE

- 3 1/2 day course \$295
- Single Subject Session \$100/ea
- Written Review Only \$250
- Single Subject - Written \$100/ea

- Microbiology
- Chemistry/Body Fluids
- Immunohematology
- Hematology/Coagulation
- Management/Education

- Optional UTMDACC FREE
Laboratory Tour

Total Amount Enclosed

Make checks or charges payable to :
UTMD ANDERSON CANCER CENTER

Charge to ___ Visa ___ Mastercard
Account # _____

Expiration Date _____

I authorized you to charge my account.

Signature _____

Mail this form to:

UTMDACC Program in Medical Technology
1515 Holcombe Blvd. BOX 037
Houston, TX 77030-4009

OR

Fax Form to : Karen Rogge-McClure
(713) - 745-3337