## **REGISTRATION APPLICATION: ME7820**

## **FALL DERMATOLOGY UPDATE 1998 FOR FAMILY PRACTITIONERS**

October 3, 1998

TUITION:	Before	Ву		
	September 4/98	September 25/98	On site	
Physicians	\$139	\$155	\$165	
<b>UBC</b> Facult	y \$115	\$125	\$135	
UBC Residents/				
Nurses	\$ 69	\$ 69	\$ 69	
(Tuition includes course materials, lunch and refreshments)				

To ensure course materials are ready for you at the course, your registration must be received by 4:00 p.m., September 25, 1998. Registrations not received by this point will be charged the on-site rate.

NOTE: Payment must accompany registration form in order to be processed.

Please notify UBC-CME if you have a change of address, so we can update our records.

Name:			
Mailing Address:			
City:	Prov/State:	Postal/Zip Code:	
Daytime Telephone:	:		
Fax Number:			
Employer/Hospital	Affiliation:		
METHOD OF PAYMI	ENT		
Charge by Phone/Fa Local/Outside BC: 6 Toll free within BC:	04-822-2626;		
Register by Fax: 604			
	eg@cehs.ubc.ca (If regism including concurrent se		nber to include <i>all information</i>
		Visa	Mastercard
Credit Card	Expiry	Date	
Name of Cardholde	er	_	

## **Payment by Cheque:**

Please make your cheque payable to the University of British Columbia and forward to the following address:
Registration, Continuing Education in the Health Sciences
The University of British Columbia
Room 105 - 2194 Health Sciences Mall
Vancouver, BC, Canada V6T 1Z3