

Page 2 – Clinical Conference registration form for _____(attendee name)

Please select **ONE** handout format, which you will receive onsite*:

- Printed, bound syllabus or Syllabus on CD-Rom (**you will not receive a printed syllabus**)

*(Note: power and wireless internet connections are not available in the session room)

Please provide your hotel guest room confirmation number: _____

If staying at a location other than the conference hotel, please list location: _____

Special Needs:

- Check here if you are in need of any special assistance at the meeting or notify us at least 2 weeks in advance, if possible, so that we may make the necessary arrangements. Please describe:

- Check here if you require a vegetarian meal.

- Check here for other dietary restrictions. Please explain: _____

Grantee Information (must be provided)

Program/Grantee Name _____

Please indicate if your grant program is:

- Title I Title II Title III Title IV Other (please list) _____

Program Coordinator _____

Have you attended a RW Clinical Conference in the past? Yes No

Are you on the IAS–USA mailing list? Yes No

Have you attended an IAS–USA educational CME activity? Yes No