



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)

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**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:

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**Grantee Information (must be provided)**

Program/Grantee Name \_\_\_\_\_

Please indicate if your grant program is:

- Title A       Title B       Title C       Title D       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