



An Intensive Workshop on Evolving Strategies in Viral Hepatitis Management

NEW YORK - Monday, March 19, 2012
12:30 PM – 5:30 PM Registration opens: 12:00 PM
New York Hilton Hotel, New York, New York
1535 Broadway – Liberty Rm
New York, NY 10036

SAN FRANCISCO- Tuesday, April 17, 2012
8:30 AM – 1:30 PM Registration open: 8:00 AM
Sofitel Hotel, San Francisco, California
255 South Airport Blvd – Salon H/I
South San Francisco, CA 94080

CHICAGO- Tuesday, May 15, 2012
8:30 AM – 1:30 PM Registration open: 8:00 AM
Marriott Chicago Downtown **Deadline: May 8, 2012**
540 N Michigan Ave – Denver/Houston Rm
Chicago, IL 60611

LOS ANGELES- Thursday, March 29, 2012
12:30 PM – 5:30 PM Registration opens: 12:00 PM
Sheraton Grand Hotel, Los Angeles, California
711 S Hope St – Santa Monica Rm
Los Angeles, CA 90017

ATLANTA- Thursday, April 26, 2012
12:30 PM – 5:30 PM Registration open: 12:00 PM
Courtyard by Marriott, Atlanta, Georgia
2 Galleria Pkway SE – Room 103
Atlanta, GA 30339

WASHINGTON, DC- Monday, June 18, 2012
12:30 PM – 5:30 PM Registration open: 12:00 PM
Hyatt Regency Crystal City **Deadline: June 8, 2012**
2799 Jefferson Davis Hwy – Fairfax/Prince William Rm
Arlington, VA 22202

First Name MI Last Name

Title/Position

Institution/Organization

Registration is limited to up to 35 clinical decision makers
(physicians, physicians assistants, nurse practitioners)

Primary Academic Degree/License: ___ MD ___ NP ___ DO ___ PA

Specialty

Mailing Address Work Home

City State Zip

Phone Work Home Fax Work Home

E-mail Address (for registration confirmation only)

Do you work for a commercial company in any capacity? Yes No

If Yes, Name of Company: _____

What percentage of your patients are members of an underrepresented minority group?
___ 0% ___ 1-10% ___ 11-25% ___ 26-50% ___ 51-75% ___ 76-90% ___ 91-100%

Are you a member of an underrepresented minority group? _____

REGISTRATION FEES

Full payment must accompany this form. For additional registrants, please photocopy this form. Cancellations will be accepted until the **Registration Deadline**; however a processing fee will apply.

\$35 \$ _____

If you wish to include a donation please indicate here* \$ _____

Total: \$ _____

*IAS – USA is exempt from tax under section 501(c)(3) of the Internal Revenue Code. Your tax-deductible donation will be used to distribute *Topics in Antiviral Medicine*® internationally.

Special Assistance Needs (please specify): _____

Make checks or money orders payable to: **IAS-USA**

Charge to my credit card: Visa Mastercard American Express

Card Number (VISA, Mastercard, or AMEX) Exp Date

Authorized Signature on Card

Name on Card

Please mail or fax this registration form and payment to:

IAS-USA
Registration Viral Hepatitis
425 California Street, Suite 1450
San Francisco, CA 94104-2120
Phone (415) 544-9400; Fax (415) 544-9402

