

Registration form for AMA Category 1 Credit

If you wish to receive CME category 1 credits for attending Medicine Grand Rounds sessions (one hour per session), please complete this form and mail it with your payment to the address below. Registration forms and payment for the August 2007– June 2008 Medicine Grand Rounds must be sent to the CME Office. **You must sign in at Grand Rounds each time you attend to receive credits.** Certificates of attendance will be mailed directly to you in July. (Maximum credit = 43.0 hours.)

UW faculty complete the following:

PRINT Your Name: _____
First Last Title (MD, DO, NP, PA, RN, etc.)

Box number: _____ Department: _____

Phone: (____) _____ Fax: (____) _____

If you are not a UW faculty member, complete the following:

PRINT Your Name: _____
First Last Title (MD, DO, NP, PA, RN, etc.)

Address: _____

City/State/Zip _____

Phone: (____) _____ Fax: (____) _____

LOCATION YOU WILL BE ATTENDING _____
(i.e. the VA, HMC, UW, Hutch/SCCA, Harrison Hospital)

Complete this form and return to the CME Office with your check or debit/credit card information in the amount of \$35.00. Please make checks payable to the *University of Washington*.

Mail to: Continuing Medical Education Fax (206) 221-4525
ATTN: Registrar (for credit card payments only)
University of Washington School of Medicine
1325 Fourth Avenue, Suite 2000
Seattle, WA 98101

____ Enclosing Check (made Payable to the <i>University of Washington</i>). ____ VISA ____ MasterCard	
Card Number _____	Exp. Date _____
Signature _____	