



# REGISTRATION FORM

15<sup>th</sup> Annual Rachmiel Levine Symposium ♦ March 1 to 4, 2015 ♦ San Diego, California ♦ www.levinesymposium.com

WAYS TO REGISTER	
<b>BY MAIL</b>	Mail your completed form with check to: CME Department, ATTN: CME Registration, 1500 East Duarte Road, Duarte, CA, 91010
<b>BY FAX</b>	Send your completed form to (626) 301-8939
<b>BY SCAN</b>	Send your completed form to cme@coh.org

REGISTRATION FEES			
	Before Jan 15, 2015	Before Feb 17, 2015	Late/Onsite
<b>Physician/Scientist/Industry Professional</b>			
Rachmiel Levine Symposium Only	<input type="checkbox"/> \$525	<input type="checkbox"/> \$550	<input type="checkbox"/> \$575
Rachmiel Levine Symposium+ENDO2015 <sup>s</sup>	<input type="checkbox"/> \$425	<input type="checkbox"/> \$450	<input type="checkbox"/> \$475 <sup>#</sup>
<b>Nurse/Trainee/Resident/Student</b>			
Rachmiel Levine Symposium Only	<input type="checkbox"/> \$325	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375
Rachmiel Levine Symposium+ENDO2015 <sup>s</sup>	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275 <sup>#</sup>
<b>Single Day</b>			
Rachmiel Levine Symposium Only	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
Rachmiel Levine Symposium+ENDO2015 <sup>s</sup>	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250 <sup>#</sup>
For Single Day, indicate date(s) attending: <input type="checkbox"/> Mar 01, 2015 <input type="checkbox"/> Mar 02, 2015 <input type="checkbox"/> Mar 03, 2015 <input type="checkbox"/> Mar 04, 2015			

<sup>s</sup>Additional registration fee for Endocrine Society Conference applies; <sup>#</sup>Requires proof of ENDO2015 registration

ATTENDEE INFORMATION			
First Name			
Last Name		Degree	
Organization/Institution			
Address			
City	State	Postal Code	
Country			
Phone No.			
Email			
Email special needs (e.g. dietary) to levinesymposium@coh.org			

ATTENDEE DEMOGRAPHICS				
I consider myself primarily (check one)	<input type="checkbox"/> Clinician	<input type="checkbox"/> Educator	<input type="checkbox"/> Industry	<input type="checkbox"/> Scientist
Choose the specialty that best describes your area of practice (check one)	<input type="checkbox"/> Cell Biology	<input type="checkbox"/> Diabetology	<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Immunology
	<input type="checkbox"/> Islet Biology	<input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing	<input type="checkbox"/> Other
Place of work (check one)	<input type="checkbox"/> Academic	<input type="checkbox"/> Hospital	<input type="checkbox"/> Industry	<input type="checkbox"/> Private Practice

PAYMENT INFORMATION			
<input type="checkbox"/> Check (Made payable to "City of Hope – Levine Symposium")	<b>Amount Enclosed:</b>		
<input type="checkbox"/> Credit Card	<b>Amount to Charge:</b>		
Card Type	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Credit Card Number		Expiration Date	
First Name (Cardholder)		Last Name	
Address			
City	State	Postal Code	
Country			
<input type="checkbox"/> I authorize payment to City of Hope-Levine Symposium for the above mentioned registration charges. (Initial: )			