



**REGISTRATION FORM FOR
THE INTERVENTIONAL BRONCHOSCOPY
STEP BY STEP COURSE
JANUARY 21-23, 2008**

Registration Information

Register early, space is limited. All foreign payments must be made by electronic wire transfer, please ask for details. *Telephone registrations are not accepted.* **Course Fee:** \$995.00 (includes all didactic sessions and workshops, course material, 3 breakfasts, 2 lunches, and 1 reception dinner. 10% discount for Fellows or Residents currently in a certified training program). Make checks payable to UC Regents and mail to: UCI Medical Center – 101 The City Drive, Building 53 Room 119, Orange, CA 92868. Inquires should be directed to Larry Cherrison by phone: 714-456-8814, Monday-Friday, 8:30am to 4:00pm (PST), or by e-mail: lcherris@uci.edu. Upon receipt of registration a confirmation letter will be mailed to the address listed on the form.

ONLINE INFORMATION: To view course information online visit our homepage: www.ucilungcenter.com

*Please print clearly

LAST NAME	FIRST NAME	MIDDLE INITIAL	DEGREE
STREET ADDRESS			CITY
STATE	ZIP/POSTAL CODE	COUNTRY	
DAYTIME PHONE NUMBER		FAX NUMBER	
EMAIL ADDRESS			

- | | |
|--|----------|
| <input type="checkbox"/> Complete Course – Physicians | \$995.00 |
| <input type="checkbox"/> Complete Course – Residents*/Fellows-in-Training*
<small>*Must be currently in a certified training program.</small> | \$895.50 |

Course Fee Includes: All didactic sessions and workshops, course materials, 3 breakfasts, 3 lunches, and 1 reception dinner.

REFUND POLICY: Refund requests must be received by EMAIL ONLY two weeks prior to course. No refunds will be made thereafter.