

# COURSE REGISTRATION FORM

## 21<sup>ST</sup> ANNUAL WINTER ANESTHESIA CONFERENCE

**March 8-13, 2009**

*Registration deadline is March 1, 2009*

Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ License No. \_\_\_\_\_

Email: \_\_\_\_\_

### **FEES:**

\$775 Physicians

\$475 Nurses, CRNAs, Fellows, \*Residents, AAs, PAs, Others

For AANA credit please note membership # \_\_\_\_\_

\* Submit proof of status

### **Mail Registration:**

#### **U.S. FUNDS ONLY –**

Make check payable to **UNIVERSITY OF FLORIDA** and mail with this form to:

University of Florida, Continuing Medical Education, P.O. Box 100233,

Gainesville, FL 32610- 0233.

### **Online Registration:** <http://www.anest.ufl.edu>

Register online! It is fast, safe, and convenient. To register with a credit card (Visa, MC, or Am Ex) go to the online registration website (on a secure server), <http://www.anest.ufl.edu>

For more information contact: **Tim Morey or Summer Duke** at 352.265.8012

email -[tmorey@anest.ufl.edu](mailto:tmorey@anest.ufl.edu) or [sduke@anest.ufl.edu](mailto:sduke@anest.ufl.edu)