

HEALTH RESEARCH IN THE AMERICAS IV
HIV/TB

May 15 & 16, 2008

REGISTRATION FORM

Please submit this registration form no later than April 30, 2008.

Enrollment is limited to the first 100 confirmed participants.

There is no registration fee.

This registration form should be emailed to velf@med.miami.edu or faxed to the attention of Victoria Elf at (305) 243.4687.

Full Name:

Last, First, M.I.

Professional Degree

Organization _____

Mailing Address: _____

Phone: _____

Fax: _____

E-mail: _____

I am attending the conference, and would like to request CME credits

I will be attending the conference; however, I am *not* requesting CME credits

Last 4 digits of Social Security Number:

(for credit reporting purposes only)

International guests must apply for an appropriate visa at their nearest United States Embassy or Consulate. Since you are not required to be in Miami beyond the period of the workshop, you will not need a special student visa to attend the program.

Please direct any inquires to:

Victoria Elf

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University of Miami Miller School of Medicine

Miami, Florida 33136

Tel: (305) 243.3210

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