



13TH ANNUAL HEALTH ETHICS CONFERENCE

Assisted Death: Ethically Responding to Patient Requests for Assistance in Dying

October 6, 2017

REGISTRATION FORM

To register online with a credit card, please visit our website: musomcme.com/ethics17.

The last day for online registration is Monday, October 2, 2017. Alternatively, you may complete and return the registration form with payment to the address listed at the bottom of the form or fax your form to (573)882-5666.

REGISTRATION FEES:

Special Early Registration Fees- If received on or before Friday, September 22, 2017:

___ \$100.00

Regular Registration Fees- If received after Friday, September 22, 2017:

___ \$125.00

Conference fee waived for fulltime students:

___ \$0

TOTAL \$ _____

The registration fees as listed on the registration form include all conference materials and catered food functions. Please note that if you register without paying, you are responsible for payment whether or not you attend the conference unless you cancel prior to Friday, September 29, 2017.



An equal opportunity institution

Name _____
Last First Middle Initial

Degree _____

___ I DO NOT want my name on the conference roster

First Name for Nametag _____

Office Name _____

Office Address _____

City State Zip County

Office Phone _____ Office FAX Number _____

E-mail Address _____

Specialty _____

Please indicate any special arrangements required to attend this conference. Please include any dietary restrictions you have and we will attempt to accommodate your request:

Mail Completed Registration Form and Payment to: Health Ethics Conference

Center for Continuing Medical Education
1 Hospital Drive, DC018.00
Columbia, MO 65211

You may also register by Faxing your registration form to (573) 882-5666.
Registration may also be completed online: <https://musomcme.com/ethics17>

Payment Information

___ Check enclosed (Make payable to the University of Missouri-Columbia)

Please charge my: ___ Visa ___ Mastercard ___ Discover ___ American Express

Last 4 digits of card _____ Exp. Date _____

Signature _____

Address if different from above _____

Account Number _____