

UltraPath XV Registration

Please use this form for checks. For credit cards, please use online registration/payment at:
<http://cmetracker.net/USAL/Catalog?SessionType=Course>

Name: _____ Degree (if applicable): _____

Institution: _____ Department: _____

Email: _____

Optional information for participants' list:

Preferred mailing address: _____

Phone number: _____

General Registration

\$875

Includes scientific program, opening reception, all breakfasts and lunches, all morning and afternoon breaks, Tuesday and Thursday afternoon tours, one dinner, and closing banquet

Optional items:

Continuing Medical Education (CME) credit

\$50

Yes No

Companion Option A:

\$700 each

number _____

Includes all items except scientific program

Companion Option B:

\$350 each

number _____

Includes opening reception, Tuesday and Thursday afternoon tours, one dinner, and closing banquet

Total

If Option A or B checked, name(s) of accompanying person(s):

Please make checks payable to Society for Ultrastructural Pathology, and please mail check and form to:

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Mobile, AL 36617
251-471-7799