

# Registration

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Registration and payment is accepted on our website at <http://chginc.org/conferences-registration/>

**Name:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Contact Phone Number:** \_\_\_\_\_

Check here if you do NOT want to be included on the conference participant list.

**The 34<sup>th</sup> Annual Conference on Obstetrics, Gynecology, Perinatal Medicine, Neonatology, and the Law**  
*January 2-6, 2018*

<b>Tuition</b>	<b>Before 10/31/17</b>	<b>After 10/31/17</b>
Physicians & Attorneys	<input type="checkbox"/> \$1025	<input type="checkbox"/> \$1100
Nurse, Nurse Practitioner, Midwife, Insurance Personnel, Resident, Fellow	<input type="checkbox"/> \$535	<input type="checkbox"/> \$575
Members, American Academy of Family Physicians	<input type="checkbox"/> \$825	<input type="checkbox"/> \$875

**The 17<sup>th</sup> Annual Multispecialty Conference on Medical Negligence and Risk Management**  
*January 5-8, 2018*

<b>Tuition</b>	<b>Before 10/31/17</b>	<b>After 10/31/17</b>
Physicians & Attorneys	<input type="checkbox"/> \$795	<input type="checkbox"/> \$850
Nurse, Nurse Practitioner, Midwife, Insurance Personnel, Resident, Fellow	<input type="checkbox"/> \$450	<input type="checkbox"/> \$495
Members, American Academy of Family Physicians	<input type="checkbox"/> \$650	<input type="checkbox"/> \$695

**20% discount for attending both conferences**  
*January 2-8, 2018*

<b>Tuition</b>	<b>Before 10/31/17</b>	<b>After 10/31/17</b>
Physicians & Attorneys	<input type="checkbox"/> \$1455	<input type="checkbox"/> \$1560
Nurse, Nurse Practitioner, Midwife, Insurance Personnel, Resident, Fellow	<input type="checkbox"/> \$765	<input type="checkbox"/> \$800
Members, American Academy of Family Physicians	<input type="checkbox"/> \$1180	<input type="checkbox"/> \$1235

*Tuition includes continental breakfast (for attendee), coffee breaks, comprehensive syllabus and welcome reception*

If paying by check, please make payable to Center for Human Genetics  
Riverside Technology Center, 840 Memorial Drive, Suite 101, Cambridge, MA. 02139

If paying by credit card, please note that we accept MasterCard, Visa, and American Express.

**Credit Card Number:** \_\_\_\_\_ **CVV#** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Name on Card:** \_\_\_\_\_

**Billing Address of Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Center for Human Genetics**

*A Non-Profit Corporation*

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<http://www.chginc.org>