

Registration

Registration and payment is accepted on our website at <http://chginc.org/about-us/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 35th Annual Conference on Obstetrics, Gynecology, Perinatal Medicine, Neonatology, and the Law
January 2-6, 2019

Tuition	Before 10/31/18	After 10/31/18
Physicians & Attorneys	<input type="checkbox"/> \$1035	<input type="checkbox"/> \$1125
Nurse, Nurse Practitioner, Midwife, Insurance Personnel, Resident, Fellow	<input type="checkbox"/> \$540	<input type="checkbox"/> \$580
Members, American Academy of Family Physicians	<input type="checkbox"/> \$825	<input type="checkbox"/> \$875

The 19th Annual Multispecialty Conference on Medical Negligence and Risk Management
January 5-8, 2019

Tuition	Before 10/31/18	After 10/31/18
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, 2019

Tuition	Before 10/31/18	After 10/31/18
Physicians & Attorneys	<input type="checkbox"/> \$1465	<input type="checkbox"/> \$1525

Nurse, Nurse Practitioner, Midwife, \$785 \$815
Insurance Personnel, Resident, Fellow

Members, American Academy of Family Physicians \$1225 \$1240

Tuition includes continental breakfast (for attendee and partner), 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>