

# 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 35<sup>th</sup> Annual Conference on Obstetrics, Gynecology, Perinatal Medicine, Neonatology, and the Law** *January 2-6, 2019*

<b>Tuition</b>	<b>Before 10/31/18</b>	<b>After 10/31/18</b>
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 19<sup>th</sup> Annual Multispecialty Conference on Medical Negligence and Risk Management** *January 5-8, 2019*

<b>Tuition</b>	<b>Before 10/31/18</b>	<b>After 10/31/18</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, 2019*

<b>Tuition</b>	<b>Before 10/31/18</b>	<b>After 10/31/18</b>
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*

840 Memorial Drive, Suite 101, Cambridge, MA 02139

Phone: (617) 492-7083 Fax: (617) 492-7092 Email: [amilunsky@chginc.org](mailto:amilunsky@chginc.org)

<http://www.chginc.org>