



# Registration

**Application for Enrollment (Please Print)**

**Fall 2011**

**Course Title and Number**

Tough Decisions Made Easier:

Clinical Management of Treatment –Experienced patients (M112-9)

*Fee Waived*

Last four digits of your Social Security Number: \_\_\_\_\_ *(only if CME credit is needed)*

Name (First/Middle/last) \_\_\_\_\_

Degree \_\_\_\_\_

Male

Female

Preferred Mailing Address

City/State/Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Specialty: \_\_\_\_\_

Affiliation Name & Address:

**Fax to: (310) 557-1899**  
**ATTENTION: IRMA FRANCO-GONZALEZ**  
[caresymposium@mednet.ucla.edu](mailto:caresymposium@mednet.ucla.edu)  
[www.uclacarecenter.org](http://www.uclacarecenter.org)

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