

MUMC LOGO
MEMORIAL UNIVERSITY MEDICAL CENTER
Perinatal Outreach
4750 Waters Avenue, Suite 206 PMOB
Savannah, GA 31404

Nonprofit

Address Service Requested

Registration Form - Perinatal Update

Name _____ Credentials _____

Complete Mailing Address _____

City _____ State _____ Zip _____

Work Phone (____) _____ Home Phone (____) _____

Place of Employment _____ City/State _____

Early Bird Fee (postmarked by 2/10/12)

Physician - \$300
Nurse & Other Health Care professional - \$200

Regular Fee (postmarked after 2/10/12) - No exceptions

Physician - \$350
Nurse & Other Health Care Professional - \$250

Total remitted: _____

MAKE CHECKS PAYABLE TO: MEMORIAL HEALTH FOUNDATION and mail to:

Perinatal Outreach
4750 Waters Ave., Suite 206
Savannah, GA 31404

() VISA () MASTERCARD () AMEX () Discover Card # _____

Security code # _____ Exp. Date on card _____

Name on Credit Card _____ Signature _____

Billing address on card if different from above _____

On-line credit card registration available, until 11:59 pm 2/24/2012, at

www.women.memorialhealth.com/perinatalupdate.html

BREAKOUT SESSIONS: Please refer to conference schedule for session topics and times. If you do not indicate your choices, we will assign you to sessions on a space available basis.

Thursday, March 8 () OB-1 () OB-2
() NEO-1 () NEO-2

Friday, March 9 () OB-3 () OB-4
() NEO-3 () NEO-4

Cancellations and Refunds: All cancellations and registration transfers must be received in writing prior to 2/24/12. Cancellations postmarked on or before 2/24/12 will be subject to a \$25 processing fee. No refunds will be made for cancellations postmarked after 2/24/12 or for "no-shows." All refund requests dated after 2/03/12 will be processed after the conference. If you do not receive a refund by 4/20/12 please call our office.