

## Registration Form

**Print & complete this form to register by MAIL or FAX or fill out the form online at [aslme.org](http://aslme.org).**

**MAIL:** American Society of Law, Medicine & Ethics 765 Commonwealth Ave., Suite 1634, Boston, MA 02215 **FAX:** (617) 437-7596

Company/Organization

Full Name

Suffix/Degrees (MD, JD, RN, etc)

Title

E-mail (will be used for all conference communications )

Business Address

City

State

Zip

Country

Home Address

City

State

Zip

Country

My preferred mailing address is:  Home  Business

Telephone

Fax

- I would like Continuing Legal Education Credits in the state of \_\_\_\_\_
- I would like Continuing Medical Education Credits.

### Payment Information

Total Registration Cost:

- \$245 (On or before September 12, 2012)
- \$295 (After September 12, 2012)
- Check Enclosed (make payable to the American Society of Law, Medicine & Ethics)
- Credit Card:
- MasterCard  Visa  Discover  AMEX

Card Number

Exp. Date

Signature

Questions? 617-262-4990 or email [conferences@aslme.org](mailto:conferences@aslme.org)

If you have special needs addressed by the Americans with Disabilities Act, notify ASLME at least 3 weeks prior to the program.

ASLME reserves the right to cancel/reschedule any program due to an insufficient number of registrants or other unforeseen circumstances. Registration cancellations must be received in writing on or before September 30, 2012 & are subject to a \$50 processing fee. Refunds for this program will not be permitted after September 30, 2012. If you would like to send a substitute, call ASLME at 617-262-4990 to arrange.