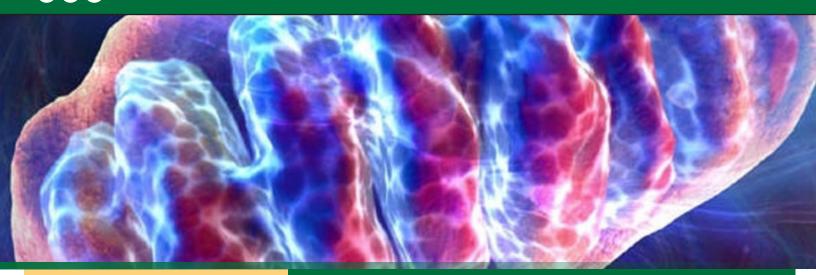


MITOCHONDRIAL MEDICINE 2015: REGIONAL SYMPOSIUM



May 1-2, 2015

East Lansing, Michigan

CLINICAL SESSION (CME) Friday, May 1, 2015 8:30am - 5:30pm

FAMILY & PATIENT SESSION Saturday, May 2, 2015 8:30am - 2:00pm

Michigan State University
Kellogg Hotel & Conference Center
Auditorium & Lincoln Room
219 S Harrison Rd
East Lansing, MI 48824

For more information on continuing education (CME), email symposium@umdf.org or call 412-443-8642.

CLINICAL SESSION TOPICS

Friday, May 1, 2015

Mitochondrial Disease Primer

Screening and Evaluation of Mitochondrial Disorders

Coordination of Care with Mitochondrial Specialists

Potential Treatments and Therapies

Special Topic: Predictability & Probability in POLG Syndromes

Problem Solving Complicated Cases

PATIENT & FAMILY SESSION TOPICS

Saturday, May 2, 2015

Mitochondrial Disease: What is It and What to Expect?

Screening and Evaluation of Mitochondrial Disorders

Current Therapies in the Treatment of Mitochondrial Diseases

Q&A Session

Topics subject to change

For Speakers, Program Agenda Details and Registration Information, visit: www.umdf.org/symposium/greatlakes

UMDF REGIONAL SYMPOSIUM REGISTRATION

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK USING CAPITAL LETTERS. PLEASE KEEP ALL WRITING INSIDE THE BOXES.

Physician/Researcher \$75.00 **Individual Registration** \$5.00 Individual registration for Friday only includes continental breakfast, Fee is per person. Registration includes Friday night reception, Saturday program, lunch, one full day of CME and Friday night reception. (Saturday sessions are free with continental breakfast, and lunch for one person. One form per registrant. Friday registration. Please note most Saturday sessions are similar to Friday's sessions.) **Family Registration** \$10.00 RNs/Allied Health Professionals/Residents/Fellows/Students This covers two adults from one household. Registration includes Friday \$50.00 Individual registration for Friday only includes continental breakfast, night reception, Saturday program, continental breakfast, and lunch for two. lunch, one full day of CME and Friday night reception. Please use additional registration forms for multiple attendees. MIDDLE TITLE (MR., MRS.) FIRST NAME INITIAL LAST NAME SUFFIX **PROFESSIONAL GENDER** M (SR., JR., III) DEGREE (MD, PhD) **EMAIL** ADDRESS HOME ADDRESS CITY STATE DATE OF ZIP HOME PHONE COMPANY/ ORG NAME COMPANY/ORG **ADDRESS** CITY STATE ZIP **WORK PHONE EXTENSION** I WANT TO MAKE A DONATION OF CREDIT CARD NUMBER **EXPIRATION** NAME ON CARD

COMPLETE THIS FORM AND MAIL IT TO:

Clinical Program - Friday

UMDF Regional Symposium 8085 Saltsburg Road, Suite 201 Pittsburgh, PA 15239

PARTICIPANT / GUARDIAN SIGNATURE

OR REGISTER ONLINE!

Check www.umdf.org/symposium/greatlakes for updates or to register online!

DATE

Patient & Family Program - Saturday