

# 4<sup>th</sup> Annual Texas Two-Step Conference: Medicolegal Issues in OB/GYN

Register online at [childrens.memorialhermann.org/events/TX2Step2014](http://childrens.memorialhermann.org/events/TX2Step2014)

**\*ALL fields required.**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Discipline (please circle): M.D., D.O., Ph.D., R.N.

Other: \_\_\_\_\_

Area of Specialty: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

## Course Fee Options

### **Physicians, Attorneys, Paralegals and Risk Managers**

☐ \$400/full two-day

☐ \$225 for single day

### **Nurses and Other Healthcare Providers**

☐ \$200/full two-day

☐ \$125 for single day

### **Students, Residents and Fellows in Full-time Training**

☐ \$150/full two-day

☐ \$100 for single day

## Payment Options

☐ Check enclosed (payable to Memorial Hermann Hospital System)

☐ Credit card

Card Type: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ AMEX

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Card billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail or fax printed form and payment to:**

Memorial Hermann CME Department • 909 Frostwood, Ste.2.205.8, Houston, TX 77024

- Fax: 713.338.4542, Attn: Management of Diabetes in Pregnancy Symposium.
- Questions call 713.338.5914.