

Cleveland Clinic Epilepsy Review Course

June 27-29, 2014

Renaissance Cleveland Hotel
Cleveland, Ohio

Advances in the understanding and treatment of epilepsy have potential to improve the lives of many patients with epilepsy. The **Cleveland Clinic Epilepsy Review Course** is designed to bring up-to-date information and standard of care practice to all neurologists with an interest in the diagnosis and treatment of epilepsy. Two full days of the course are devoted to a comprehensive range of topics covering epilepsy syndromes and seizures in children and adults, antiepileptic drugs, comorbidities, women's issues, treatment options for refractory epilepsy, and imaging techniques used in epilepsy. The last half day reviews interpretation of electroencephalography as relevant to epilepsy.

As an ABPN approved Self-Assessment Product, this review will fulfill the Self-Assessment component towards your Maintenance of Certification.

- 8 SAE (Self-Assessment Evaluation) credits;
- SA exam in the form of 100 multiple choice questions;
- Approved SAE Activity by American Board of Psychiatry and Neurology.

This activity has been approved for *AMA PRA Category 1 Credit™*.

Register Today!

www.ccfcmc.org/epilepsyreview14

**REGISTER BY
MAY 3 AND SAVE!**

Registration Form

Cleveland Clinic Epilepsy Review Course

June 27-29, 2014

Renaissance Cleveland Hotel | Cleveland, Ohio

Course #02010301

Fees

Fee Includes: Online access to presentations in PDF format, meeting materials, continental breakfasts, refreshment breaks and Friday and Saturday lunches.

Category	Full Course On or Before May 3, 2014	Full Course After May 3, 2014
Physician	\$550	\$650
Resident/Fellow*	\$450	\$550
Non-Physician	\$450	\$550

(*Letter from program director must be received in our office prior to the course to receive this fee.)

Cleveland Clinic employee fees and registration are available online only

Please Print Complete the information below if registering by mail.

First Name:	MI:	Last Name:	Degree:
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Institution Name:			
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Address:			
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City:	State:	Zip:	
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Phone Number:	Fax Number:		
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Email Address:	Specialty:		
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Practice Type: <input type="checkbox"/> Office-Based <input type="checkbox"/> Hospital Staff <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Other			
<hr/>			
<input type="checkbox"/> I require vegetarian meals.			

Payment Options

- | | |
|---|--|
| <input type="checkbox"/> Check Enclosed (Made payable to:)
The Cleveland Clinic Educational Foundation
P.O. Box 931653
Cleveland, OH 44193-1082
Total check amount enclosed: \$ _____ | <input type="checkbox"/> Credit Card – must register online at
www.ccfme.org/epilepsyreview14
to pay by credit card |
|---|--|

For registration questions, please email cmeregistration@ccf.org or call 216.448.0777

Cleveland Clinic recognizes the importance of protecting the privacy and security of information provided to us. Therefore, we are no longer requesting credit card data in writing, including on registration forms or faxes. If you would like to register using a credit card please log in to www.ccfme.org/epilepsyreview14 or call 216.448.0777 where it will be handled directly by a certified processor.