2nd Annual PRINCIPLES & PRACTICE OF COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA (CBT-I)
MAY 4 – 6, 2007

THE LODGE @ WOODCLIFF **ROCHESTER, NY**

REGISTRATION FORM

Pre-registration for the Symposium closes APRIL 20, 2007
Forms **postmarked** after that date must be accompanied by the higher registration fee to be accepted.
PLEASE TYPE OR PRINT

1) NAME _____
First name Last (Family) name Title

2) ADDRESS _____

3) TELEPHONE (home) _____ (business) _____

FAX _____ Email _____

4) TRAVEL PLANS: Arrival: Date _____ Departure: Date _____

5) FOOD ALLERGIES: _____

6) PLEASE REGISTER ME AS FOLLOWS:

	POSTMARKED	
MAIN PROGRAM	**On/Before 4/20/07**	**After 4/20/07**
FULL REGISTRATION	$595.00	$715.00
NSF MEMBER	$495.00	$615.00
MEDICAL STUDENTS/RESIDENTS	$375.00	$495.00

TOTAL AMOUNT ENCLOSED $ _____

_____ Check payable to **Continuing Professional Education**

_____ Credit Card: _____ Visa _____ MasterCard _____ Discover Card

Credit Card Number _____

Expiration Date _____ Signature _____

Payment **MUST** accompany registration **and** for non-U.S. registrants, payment **MUST** be in **US Dollars ONLY**.
Copies of this form are acceptable. If paying by credit card, you may FAX your registration to our office.

7) Return Registration Form and payment to:

University of Rochester School of Medicine & Dentistry
Continuing Professional Education
601 Elmwood Avenue, Box 677
Rochester, New York 14642-8677 USA
Telephone: (585) 275-4392
Fax: (585) 275-3721
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