

REGISTRATION FORM Registration Deadline: February 17, 2003

MARC 2003 (Midwest Anesthesiology Residents' Conference)
March 14-16, 2003, Chicago

Please complete a separate form for each participant (faculty, resident, or medical student). Important: For security purposes, do not submit credit card information via email or Internet.

PARTICIPANT DATA — Please provide the following information, as it should appear on your name badge and in the participant directory to be distributed at the conference.

Last Name _____ First Name _____ Middle Initial _____

Level: CA1 CA2 CA3 Fellow Faculty Other _____

Institution/Program Affiliation _____

Department _____

Office Address:

Street _____

City _____ State _____ Postal Code _____

Day Phone _____ Fax _____

E-mail _____

Check here if your preferred mailing address is a home address and provide mailing information below.

Street _____

City _____ State _____ Postal Code _____

Special accommodations requested (please specify) _____

REGISTRATION FEES

Fee Schedule	Paid By Feb. 17	Paid After Feb. 17	Amount Due
Participant (faculty, resident, medical student)	\$200	\$225	\$
Spouse/Guest	# @ \$100	# @ \$125	\$
Spouse/Guest Name(s):			
(1) Last _____	First _____		
(2) Last _____	First _____		
TOTAL AMOUNT PAID			\$

PAYMENT METHOD

Check or money order (payable to University of Illinois)

Credit Card: MasterCard Visa Expiration Date: _____

Card Number _____

Cardholder Signature _____

MAIL OR FAX COMPLETED FORM WITH PAYMENT TO:

UIC Office of Conferences and Institutes (MC 117)
 750 South Halsted Street, Suite 214
 Chicago, IL 60607-7011
 Fax: (312) 996-5227 (accepted with credit card payments only)

Important: For security purposes, do not submit credit card information via e-mail or Internet.