

# MCC Registration Form

Please check the appropriate selection.

- CMS Member or staff person**  
\$50 per person
- Non-Member or staff person**  
\$199 per person
- ACLS Recertification Course**  
(Special Fee Required)  
\$175 per person
- Residents or Medical Students**  
(with ID) No Charge

## 2012 SPRING MIDWEST CLINICAL CONFERENCE:

Please select your courses below. Choose only one (1) course per concurrent time block.

### SATURDAY, March 24

<b>8:30-11:30 a.m.</b> (3.0 hrs.)	<input type="checkbox"/> <b>A-01:</b> AMA Guides 6th Edition: Overview	<input type="checkbox"/> <b>C-01:</b> EHRs & Meaningful Use Workshop
<b>8:30-10:00 a.m.</b> (1.5 hrs.)	<input type="checkbox"/> <b>B-01:</b> Bad Bugs! Emerging Drug Resistance in Sexually Transmitted Infections	
<b>8:30 a.m.-4:30 p.m.</b> (7.0 hrs.)	<input type="checkbox"/> <b>D-01:</b> ACLS Recertification Course (Note: Special Fee of \$175 is Required; See Course Pre-requisite Information)	
<b>12:00-1:00 p.m.</b> General Lunch Session (1.0)	<input type="checkbox"/> <b>E-01:</b> Accountable Care Comes to Chicago	
<b>1:30-3:00 p.m.</b> (1.5 hrs.)	<input type="checkbox"/> <b>A-02:</b> Update on Primary Stroke Centers in Chicago	<input type="checkbox"/> <b>B-02:</b> Update on Men's Health for Primary Care
<b>1:30-3:30 p.m.</b> (2.0 hrs.)	<input type="checkbox"/> <b>C-02:</b> 2012 OSHA Workshop	
<b>3:00-4:30 p.m.</b> (1.5 hrs.)	<input type="checkbox"/> <b>A-03:</b> Neurology Update: Mgmt. of Intracranial Pressure & Brain Tumors	<input type="checkbox"/> <b>B-03:</b> The New NIH Genetic Testing Registry

## PAYMENT METHOD

Check enclosed in the amount of \$ \_\_\_\_\_ payable to **CMS Foundation**

or charge: \$ \_\_\_\_\_ to my (circle one): **Visa**    **Mastercard**    **AMEX**

Name of Registrant(s) – Please Print \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail (required for registration confirmation purposes) \_\_\_\_\_

*Special Needs: In accordance with the ADA, the Chicago Medical Society seeks to make this conference accessible to all. If you have a need that might require special accommodations, please email: [info@cmsdocsmail.org](mailto:info@cmsdocsmail.org) or call 312-670-2550 three weeks prior to the meeting.*

Send Payments to:

**Chicago Medical Society (Spring MCC)**  
515 N. Dearborn St., Chicago, IL 60654  
Fax credit card payments to: 312-670-3646

**Registration Questions?** Contact the Education Department at: [info@cmsdocsmail.org](mailto:info@cmsdocsmail.org) or call: 312-670-2550.