

The Chicago Review Course in Neurological Surgery™

January 21 - 31
2010

Chicago Review Courses™
3000 N. Halsted St., Suite 701
Chicago, IL 60657
Tel (773) 296-6666
Fax (773) 296-9999
www.ChicagoReviewCourse.com

REGISTRANT: (individual to attend)

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Home Phone _____

Fax _____

E-Mail Address _____

Medical School Attended _____

Year Graduated _____

I would prefer confirmation by: (check all that apply)

Phone Fax E-Mail

How did you hear about the course

Mailer Web Banner ad

Print ad Word of mouth

Roommates

if you would like to share a room with a fellow registrant, we will try to match you with someone of the same sex and smoking habits, and then you both will need to register for a double room. Room payment and hotel registration is the responsibility of the attendee. If a roommate is not available, you will need to register for a single room.

Yes, I would like you to try to find me a roommate.

Register by fax (with credit card information complete) and receive confirmation of your registration by phone, within two business days.

COURSE FEE

Please select a tuition category, and return your payment with this form to reserve your space.

\$2250 Practicing Physicians

\$2025 Residents*

Early Bird Special (Before December 1, 2009)

\$2100 Practicing Physicians

\$1900 Residents*

* Residents must include a letter of verification from their Chief of Service

PAYMENT:

Check Enclosed Please make all checks payable to: "NSL Chicago Course"

Please charge my credit card
Credit card registrations may be faxed to (773) 296-9999

Visa

MasterCard

Discover

American Express

Name, as it appears on your card: (please print)

Card Number _____

Expiration Date _____ V-code

Signature (required)

**Your Signature is REQUIRED
for credit card processing**