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PODIATRIC SURGICAL BOARD REVIEW
NEW THIS YEAR!

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4th ANNUAL INTERNATIONAL EXTERNAL FIXATION SYMPOSIUM

December 11-14, 2008 | Hyatt Hill Country Resort & Spa, San Antonio, TX

Name (please print): _____
First MI Last

Credentials: ❒DPM ❒MD ❒DO ❒PA ❒PT ❒Other _____(Please Specify)

Specialty: _____

Daytime Phone: _____ Fax: _____

Address: _____City _____State _____ Zip_____

Email: _____

Do you have special requirements? ❒ Yes ❒No If yes, you will be contacted by UTHSCSA staff to see how we can assist you.

Conference Fees:	*Early Fee by Nov. 21, 2008*	*Late Fee After Nov. 21, 2008*
DPM, MD and DO	_____ $500	_____ $550
Military Physicians, Physical Therapists & International Guests	_____ $350	_____ $400
Pedorthists, other Health Professionals	_____ $300	_____ $350
Residents and Students	_____ $35 (with letter of verification from program director)	
Company Reps.	_____ $125	_____ $200

❒ Check Enclosed-Please make payable to UTHSCSA CME-126662

Please charge my ❒ Visa ❒ MasterCard ❒ Discover ❒ AMEX

FOUR EASY WAYS TO REGISTER

- Online: http://cme.uthscsa.edu
- By FAX: (210) 567-6964 (include this registration form with credit card information)
- By Mail: Return your completed registration form and payment:
  The UT Health Science Center at San Antonio
  Continuing Medical Education
  7703 Floyd Curl Drive - MSC 7980
  San Antonio, Texas 78229-3900
- By Phone: (210) 567-4446 or Toll Free 1 (866) 601-4448 (credit card payments)

Card Holder Name _____ (Please Print)

Signature Required _____

Card Number_____ Exp. Date_____/_____

Confirmation: All early registrations are confirmed in writing. If you do not receive a confirmation within 2 weeks of registering, please contact us at (210) 567-4446 or 1 (866) 601-4448