

Registration Form

41st Annual Meeting

Midwestern Conference on Health Care in the Elderly

Friday, February 1, 2019 • Kirkwood Conference Center 7725 Kirkwood Boulevard SW, Cedar Rapids, IA 52404

PLEASE PRINT CLEARLY

Name _____

Degree _____ Specialty _____

Address _____

City _____ State _____ ZIP _____

Phone (Business) _____

Company or Business Name _____

Email _____

FOR OFFICE USE ONLY

PN XXXXXXXX

AMA PRA Category 1 Credits™ _____ CEUs _____ Date _____

Registration Fees

Physicians @ \$175 \$ _____

Nurses, Physician Assistants and
Allied Health Care Professionals @ \$95 \$ _____

Health Science Students @ \$40 \$ _____

Method of Payment

☐ Enclosed is a check made payable to
The University of Iowa in the amount of: \$ _____

☐ ☐ ☐

Three Ways to Register

RETURN THIS FORM BY MAIL TO:

Continuing Medical Education Division
University of Iowa Carver College of Medicine
100 Medicine Administration Building
Iowa City, Iowa 52242-1101

PHONE (319) 335-8599



Secure **ONLINE REGISTRATION** is now available on the CME Web site at
<http://uiowa.cloud-cme.com> and click on Live Courses.

