

# Registration Form

Name \_\_\_\_\_

Clinic/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

Student ID #/Society Member # \_\_\_\_\_

Program Code(s) 

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Program Code(s) 

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Enclosed is my check or money order in the amount of \$ \_\_\_\_\_

(Please make checks payable to the Wisconsin Medical Society.)

Please charge my account:

Visa    Mastercard    Discover

Account No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

V Code \_\_\_\_\_

**(Last three digits of the number on the back of the card—required)**

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Signature of Cardholder/Date

I am not interested in attending these programs, but please add me to your mailing list for future programs.

**Please mail to Educational Programs & Services, Wisconsin Medical Society, 330 E Lakeside St, Madison, WI 53715 or fax to 608.283.5424.**

**For additional information, call Educational Programs & Services at 866.442.3820 (toll free) or 608.442.3820 or e-mail [stephanie.taylor@wismed.org](mailto:stephanie.taylor@wismed.org).**

## Registration Information

### Register by Mail

Wisconsin Medical Society  
Attention: Education Programs  
PO Box 1109  
Madison, WI 53701-1109

### Register by Phone

If you are charging your registration fee, call us toll free at 866.442.3820 or 608.442.3820. Please have your credit card number and expiration date ready. No other phone registrations will be accepted.

### Register by Fax

If you are charging your registration, you may fax your completed registration form, including credit card number and expiration date. No other fax registrations will be accepted. Please send your fax to the Education Department at 608.283.5424.

### Confirmation

Upon receipt of your registration, a confirmation letter or e-mail will be sent to you. If your confirmation does not arrive two working days prior to the program, please contact us to verify your registration.

### Weather Policy

If the weather is a factor the morning of the program, please call us at 608.442.3820 after 6:30 a.m. to verify the program's status. The message will indicate only those programs cancelled due to weather. If your program is not listed, it will be held as scheduled. Cancelled programs will be rescheduled in your area as soon as possible. You may transfer your registration fee to another program or receive a full refund if the Wisconsin Medical Society cancels the program.

### Refund Policies

If you are unable to attend a face-to-face program for which you are registered, you may send a substitute in your place. If you call the Society at least three days prior to the program, we will refund your registration (minus a \$25 processing fee) or transfer your entire registration fee to another seminar. There is no charge to transfer a registration fee from one person to another provided the request is made at least three business days prior to the activity date. No refunds will be given or transfers made unless requested three business days prior to the conference date.

If you are unable to participate in a teleconference for which you are registered, you may have a substitute participate. Teleconferences will not be refundable since they are recorded and can be accessed after the live event.

### Note

The Wisconsin Medical Society subscribes to the articles of Title III of the Americans with Disabilities Act of 1990. Should you or anyone accompanying you require assistance, please notify us by contacting the Society.