

REGISTRATION FORM FOR THE 26th FETUS AS A PATIENT INTERNATIONAL CONGRESS

DATES: Sunday, Monday, Tuesday and Wednesday, April 25-28, 2010.

LOCATION: The Omni Hotel, San Diego, California

TO REGISTER: If you have Internet access you can register on line at www.fetus2010.com

By Mail	By Fax
Complete this form and mail to: IVAN ZADOR PhD 3241 BLOOMFIELD SHORES WEST BLOOMFIELD, MI 48323, USA Phone: 310-821- 8441	Complete this form and fax to: 1-248-671-0435 . Our fax line is open 24 hours, 7 days a week

Please Print

Salutation (circle one):	Dr.	Mr.	Mrs.	Ms.
First Name:	Family Name:			
Credentials: (i.e., MD, DO, RDMS, etc.)	Specialty:			
Preferred Mailing Address (1st line):				
Preferred Mailing Address (2nd line):				
City:	State/Province:	Postal Code:	Country:	
Phone:	E-mail:			

Fees (circle one): Registration includes access to the scientific meeting, all coffee breaks and breakfasts on Monday, Tuesday and Wednesday. Educational materials and the fee for your CME certificate are also included.

	Prior to March 1, 2010		After March 1, 2010	
	Physicians	Non-Physicians	Physicians	Non-Physicians
#1 Update on Genetic Ultrasound Pre-Congress Course Only (Sunday 1:00PM –5:30PM)	\$200	\$150	\$300	\$250
#2 Fetal as a Patient Only Monday-Wednesday	\$495	\$395	\$595	\$495
#1 and #2	\$595	\$495	\$795	\$695

Indicate payment method

- Payment is enclosed (make check payable to the PLAZA GROUP LLC)
 Payment is not enclosed but will follow once it is obtained.
 I authorize you to debit my: VISA American Express MasterCard

Credit Card Numbers

Name on Credit Card:															
Expiry date:		Month:		Year: 20		Security Code (3 or 4 digits)									

Cancellation Policy: Cancellations received in writing up to two weeks prior to the course will receive a refund, minus \$75 administration fee. There will be no refunds for cancellations received after that time.