

**2008 SDRME Summer Meeting
REGISTRATION
July 6-9, 2008**

**Registration Cost
(not including hotel)**

\$255 includes Reception on July 6th and Dinner on July 8th (\$45 per additional person for dinner)

Payment By Credit Card

Click here:

<http://www.acteva.com/booking.cfm?bevaaid=150452>

(If paying by credit card there is no need to complete and submit the registration form below)

Payment by Check

Send completed Registration Form and check for total amount payable to SDRME to:

Linda Goldenhar, Ph.D.
Assistant Dean for Medical Education
Director Office of Evaluation and Research
University of Cincinnati College of Medicine
231 Albert Sabin Way (ML 0552)
Cincinnati, OH 45267-0552

Registration Form

Personal Information: (please print)

Name _____

Institution _____

Phone Number _____

Fax Number _____

Email Address _____

\$255 includes Reception on July 6th and Dinner on July 8th (\$45 per additional person)

Yes, I would like to attend the July 6th reception (no additional cost for guests)

_____ Number of guests attending the July 6th reception

Yes, I would like to attend the July 8th dinner

_____ Number of guests attending the July 8th dinner (\$45 per additional Person to be paid at the meeting)

Hotel Reservations

Use hotel reservation form (SDMRE website) or book online (www.groveparkinn.com) and enter the **group number 6812UP**.