

**2007 SDRME Summer Meeting
REGISTRATION
July 8-11, 2007**

MEETING REGISTRATION:

Personal Information: (please print)

Name _____

Institution _____

Phone Number _____

Fax Number _____

Email Address _____

Acteva Processing Number (only if paying by credit card) _____

Fees

\$255 (includes Reception on July 8th and Dinner on July 10th)

- Yes, I would like to attend the July 8th Reception (no additional cost for guests)

_____ Number of guests attending the July 8th reception

- Yes, I would like to attend the July 11th Dinner (\$30.00 per additional person)

_____ Number of guests attending the July 11th dinner

_____ X \$ 30.00 = \$ _____ cost for additional guests

\$ _____ Total registration fee plus additional guest charges

Payment Options

- By Mail Send completed 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

- By Credit Card Click here: <http://www.acteva.com/booking.cfm?bevoid=129380>

- You will still need to complete this form and fax or send it electronically to Linda Goldenhar:

Fax - (513) 558-1165

- Email - linda.goldenhar@uc.edu

Hotel Registration:

- Make reservations for the hotel directly using the “Lodges at DV Individual Res Form” (attached)