Friday, September 21, 2012
7am-3pm

UT Southwestern Medical Center
T. Boone Pickens Biomedical Building Auditorium
6001 Forest Park Road
Dallas, Texas 75235

COURSE DIRECTOR
Miguel Vazquez, MD, FASN
Professor
Department of Internal Medicine,
Division of Nephrology
UT Southwestern Medical Center
Dallas, Texas

COURSE CO-DIRECTOR
Jason Schwartz, MD, FACS
Associate Professor
Department of Surgery,
Division of Surgical Transplantation
UT Southwestern Medical Center
Dallas, Texas

Target Audience
This symposium is designed to meet the needs of nurses, social workers, dieticians and other health care professionals who treat the kidney dialysis and kidney transplant patient.

Additional Information
For additional information, please call The Office of Continuing Medical Education, 214-648-3138, 1-800-688-8678, or email cmeregistrations@utsouthwestern.edu.

Register Online
www.utsouthwestern.edu/cme

Sponsored by UT Southwestern
Department of Nephrology and the Office of Continuing Medical Education
Register on-line at www.utsouthwestern.edu/cme

Name ____________________________________________
Address ____________________________________________
City _______________________________________________ State _____ Zip Code ______________________________

Last Four Digits of SS# ____________ UT Southwestern Alumni
Business Phone __________________________ Fax __________________________

Degree ________________________________________ Specialty __________________________
Email Address: ________________________________________________

Please indicate preferred method to receive registration confirmation: ☐ Email ☐ Fax ☐ Mail
☐ Check here to receive our free monthly email calendar of upcoming CME activities.


Please select Medical Profession: ☐ Physician ☐ Nurse ☐ Pharmacists ☐ Dietician ☐ Social Worker
☐ Physician Assistant ☐ Other_____________________________________________

Method of Payment:
☐ MASTERCARD ☐ VISA Security Code
Card # __________ Signature of Cardholder __________________________
Exp. Date __________

Print Cardholder's Name ________________________________________________
Billing Address of Cardholder: ____________________________________________
City ________________________________________ State _____ Zip Code ______________________________

☐ AMEX Security Code
Card # __________ Signature of Cardholder __________________________
Exp. Date __________

Print Cardholder's Name ________________________________________________
Billing Address of Cardholder: ____________________________________________
City ________________________________________ State _____ Zip Code ______________________________

☐ CHECK
If paying by check make checks payable to: UT Southwestern/CME
Fax completed registration form to 214/648-4804.

Mail completed registration form to: UT Southwestern
Office of Continuing Medical Education
5323 Harry Hines Blvd., / Dallas, Texas 75390-9059

☐ Dietary Restrictions: ________________________________________________

CANCELLATION POLICY
The Office of Continuing Medical Education reserves the right to limit registration and cancel courses, no less than one week prior to the course, should circumstances make this necessary.

ADA STATEMENT ☒
Please check this box if you require assistance because of a disability to make this program accessible to you. Someone from our office will be in touch with you.

REFUND POLICY
No refunds will be made.