

Striving Toward Teaching Excellence

The Fifth Annual COTH Conference in conjunction with The Stanford University Faculty Development Center

Chicago Marriott O'Hare Hotel • Chicago, IL • May 13 - 14, 2005

Registration Form

Full Name: _____
Please include degree, if applicable

Preferred First Name Only for Badge (if different from above): _____

Hospital/Institution: _____

Preferred Mailing Address of Registrant:

Number and Street: _____

Suite Number: _____

City/State/Zip + 4: _____

Phone: (____) _____ Fax: (____) _____

SSN: _____ E-Mail Address: _____

Please refer to the member and non-member fee scale inside the flier.

Check or Money Order Enclosed

Credit Card (circle choice): VISA MC

Card Number: _____

Expiration Date: _____

Signature: _____

Fee: \$ _____ (see fee schedule inside the flier)

Check here if you have special needs and you will be contacted.