2019 Teratology Society CME Program Registration Form

(Please note registration for the CME Program must accompany registration to the 2019 Teratology Society Annual Meeting)

Name:		Degree (s):			
Medical License Number:		Profession:		on:	
Affiliation:					
Address:					
City:		Stat	e:	Postal Code:	
Country:		Ema	ail:		
CME Program Registration Fee					\$75.00
Method of Paymen	t: Please mal	ke all checks pay	able to the Teratol	ogy Society in US currency.	
☐ Government Pur	chase Order	#: (Government l	PO Form must be	attached.)	
☐ Check or Money	Order #:				
☐ MasterCard	□ Visa	□ AMEX	☐ Discover		
Credit Card #:				Expiration Date:	
Authorization Code	::	Signature:			
Cardholder's Printe	ed Name:				
If cardholder is diffe	erent from reg	gistrant, please in	clude cardholder's	s telephone number:	

Completed CME registration form with payment should be mailed or faxed to the Teratology Society, CME Registration, 11190 Sunrise Valley Drive, Suite 300, Reston, VA 20191, Fax: 703.438.3113 CME Registration is nonrefundable.

Jointly Provided by



2019 Teratology Society CME Program June 24-25, 2019

as part of the Teratology Society 59th Annual Meeting Sheraton San Diego Hotel and Marina 1380 Harbor Island Drive San Diego, California 92101 June 22-June 26, 2019