REGISTRATION FORM
Palliative Medicine Communication Course
Pittsburgh, Pennsylvania
December 16th to 18th, 2014

Name: _____________________________________________
Institution: _____________________________________________
Email address: _____________________________________________
Mailing address: _____________________________________________
_____________________________________________
Phone number where you can be reached before and during the training:
_____________________________________________

Current position:

☐ Fellow in Hospice and Palliative Medicine
☐ Fellow in (specialty): _________________________________
☐ Medical Resident in (specialty): ________________________
☐ Nurse Practitioner
☐ Physician Assistant
☐ Attending physician in Hospice and Palliative Medicine
☐ Attending physician in (specialty): _______________________

Send this form with payment to:

University of Pittsburgh
Division of General Internal Medicine
UPMC Montefiore – Suite 933W
Pittsburgh, PA 15213
ATTENTION: KIM GOTTSCHALK

Please make checks out to the University of Pittsburgh

Registration Deadline: September 1, 2014

Cancellation Policy: Registration fees are fully refundable for cancellations up to August 31, 2014. For cancellations on or after September 1, 2014 and on or before December 1st, 2014, half of the registration fee will be returned. For cancellations after December 1st, we will not be able to refund any portion of the fee, but we will allow attendance of the participant at the following year’s course for only half of the 2015 registration fee.