Registration Form | The 3rd Annual Via Research Recognition Day and Geriatric Update for Continued Medical Education | October 5-6, 2006

Please print or type. Complete one registration form for each registrant. Photocopies are acceptable.

Check one: _____ Physician _____ Non-physician

3 Convenient Ways to Register:

Phone: (540) 231-3150
Fax this form: (540) 231-5252
Mail this form:
Edward Via Virginia College of Osteopathic Medicine
c/o Mrs. Kelly Varelos
2265 Kraft Drive
Blacksburg, VA 24060

Name: _____
LAST FIRST M.I.

Specialty: _____ Subspecialty/areas of interest: _____

Requesting CME Credit: _____ Yes _____ No

Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone No: _____ Fax No: _____ E-mail _____

Fees: There is no registration fee, however, pre-registration is required.

NOTE: It is our goal that this program be accessible to all persons. If you have a special need for an accommodation for this program, please let us know by stating your request in writing or by phone to our office.

Edward Via
Virginia College of Osteopathic Medicine
Physicians & Research for the 21st Century