Medical Studies Abroad
May 31, 2008-June 7,2008
Crocodile Bay, Puerto Jimenez, Costa Rica

Please print all information
Title/Degree:_____ Name:_____

Address:_____
Street City State Zip Code
Email:_____ Phone #_____

Please Register carefully. The cancellation fee is $250, if received in writing at least 90 days prior to conference. _____ Initial here to accept this refund policy.

Conference Registration:

This course provides 20.0 Category I CME hours for physicians and 20.0 CEU hours for nurses. It is intended to improve communication between healthcare professionals and their Spanish-speaking patients.

Physicians_____ x $895=$_____
Nurses and Residents_____ x $745=$_____

Lodging and Meals@ Crocodile Bay Resort (6 nights) + 2 Nights at Hotel Melia Cariari (breakfast only) + ground & NatureAir flights between San Jose and Puerto Jimenez. Most Rooms can sleep up to 5 people.

#of Adults, Double Occupancy
(Children aged 13 yrs and older) _____ x $2520 = _____

#of Adults, Triple Occupancy_____ x $2300 = _____
(applies to 3 adults sharing one room)

# of children, 12 & under sharing_____x $1260 = _____
a room with 2 adults.

Single Supplement, space available___1____x $1000 =_____

Optional Fishing Days_____ x $425 =_____

Checks made payable to: Medical Studies Abroad
8004 Danforth Cove
Austin, Texas 78746

TOTAL:_____

OR

Credit Card Authorization: Fax this form to 512-328-6431

Name on Card: _____ VISA MASTERCARD AMERICAN EXPRESS

Billing ADDRESS: CITY: STATE: ZIP:
(if different than address above)
Account Number: Exp: CCV: .

I, _____, authorize this single charge of the above credit card for the amount of **$**_____.

Cardholder Signature: Date: .