

Animal-based Workshops For Teaching Regional Anesthesia



Print clearly

Date of workshop you wish to attend: _____

Alternative dates (if RASCI cannot accommodate your first choice): _____

Name: _____

Social Security Number: _____

Profession: _____ Degree: _____

Address: _____

City: _____ State: _____ ZIP _____

Country: _____

Phone: Business _____ Home _____

E-mail _____

I have special dietary preferences: Yes No Please specify: _____


I will need a parking area: Yes No


I would like to make a donation towards RASCI: _____


METHOD OF PAYMENT:


Enclosed is a check made payable to RASCI, The University of Iowa to the value of: \$ _____

FOUR WAYS TO REGISTER:

 RASCI - Dept. of Anesthesia, 6 JCP
University of Iowa Health Care
200 Hawkins Drive
Iowa City, IA 52242

 Phone: (319) 353-7239

 FAX: 319-356-2940

 Web: <http://uianesthesia.com/rasci/register.html>