



6th Annual
LEADERSHIP AND MANAGEMENT
IN GERIATRICS

March 14 – 15, 2008
Hilton Executive Meeting Center | Long Beach, CA

REGISTRATION FORM

Name (First/ MI / Last) _____ Degree(s) _____

Title/Faculty Position _____ Field of Practice _____

Organization _____

Mailing Address _____

Home

Office

City/State/Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail (*Required*) _____

Registration Fees: \$650 Early-Bird, if registration faxed or postmarked by February 8, 2008
Enrollment is limited. Register early.

\$750 if registration faxed or postmarked **after** February 8, 2008

***For special discount rate eligibility, please contact Ms. Susan Kwan
by calling (310) 312-0531.**

Method of Payment

Check enclosed payable to: UC Regents

MasterCard VISA Discover American Express

Card # _____ - _____ - _____ - _____ Exp Date ____/____

Authorized Signature _____

Name Printed on Card _____

The vendor name on your credit card statement will be "**200 Medical Plaza**".

Mail to: Academic Geriatric Resource Center
David Geffen School of Medicine at UCLA
ATTN: SUSAN KWAN
10945 Le Conte Avenue, Suite 2339, BOX 951687
Los Angeles, CA 90095-1687

FAX to: (310) 312-0546 (Credit Card Only)

For additional information, please call (310) 312-0531 or visit www.geronet.ucla.edu.