



One Health Arkansas 2015 ON-SITE Registration Form

Attendee Information:

Last Name _____ First Name _____ Credentials _____
 Address _____ Specialty _____
 City _____ State _____ Zip Code _____
 Phone # _____ Fax # _____ E-mail _____

Conference Registration:

	Total Amount
All Attendees On-Site Registration	<input type="checkbox"/> \$95.00

Pay Method Options: Visa MasterCard Discover Am Express Check PO

Please make checks payable to the **University of Arkansas for Medical Sciences OCE.**

Credit Card #: _____ Expiration Date: _____ Security code: _____

Billing zip code _____ Signature _____

This invoice may be paid by purchase order. Please contact the OCE to make arrangements.
 Continuing Education Office, University of Arkansas for Medical Sciences
 4301 West Markham Street, #525 Little Rock, AR 72205

Cancellation/Refund Policy. A handling fee of \$25.00 will be deducted for cancellations.
Refund requests must be received by mail or fax one week prior to the conference (Nov 7, 2015).
 No refund will be made thereafter.