

PAYMENT INFORMATION

Please make checks payable to: **Medical College of Wisconsin**

and return this form to:

Medical College of Wisconsin

Department of Family & Community Medicine

Attn: Bonnie Lawyer

8701 Watertown Plank Road / P.O. Box 26509

Milwaukee, Wisconsin 53226



Please verify your address

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Special Needs

Method of Payment: Visa MasterCard Check

Credit Card #

Exp. Date

Authorized Signer Please Print

Physicians \$400 Active Preceptors \$350 Residents/Fellows \$250
 Physician's Assistants \$350 Nurse Practitioners \$350

Daily WRC Registration \$200 per day

Wednesday Thursday Friday

Guest Fee \$18 per day

Wednesday Thursday Friday

Friday Box Lunch (no charge)

Subtract \$50 from registration fee if mailed before January 11, 2006