

SPEAKERS

ACTIVITY DIRECTOR

ELLIOT K. FISHMAN, MD, FACR

Professor of Radiology and Radiological Science, Surgery and Oncology
Director, Diagnostic Imaging and Body CT
Johns Hopkins University School of Medicine

JOHNS HOPKINS SPEAKERS

KAREN M. HORTON, MD

Professor of Radiology and Radiological Science
Director, Radiology Residency Program
Johns Hopkins University School of Medicine

RONALD J. DANIELS, JD, LLM

President
Johns Hopkins University

JONATHAN S. LEWIN, MD, FACR

Martin Donner Professor and Chairman
Department of Radiology and Radiological Science
Johns Hopkins University School of Medicine

GUEST SPEAKERS

W. RICHARD WEBB, MD

Professor Emeritus of Radiology
and Biomedical Imaging
University of California, San Francisco
San Francisco, California

MICHAEL P. FEDERLE, MD

Professor of Radiology
Associate Chair, Education
Stanford University
Stanford, California

JILL E. JACOBS, MD

Professor of Radiology
Chief, Cardiac Imaging
New York University Langone Medical Center
New York, New York

ALEC J. MEGIBOW, MD

Professor of Radiology
Director of Faculty Practice
New York University Langone Medical Center
New York, New York

UPCOMING CONTINUING MEDICAL EDUCATION ACTIVITIES

ESSENTIALS IN MULTIDETECTOR CT AND CTA

The Cosmopolitan Hotel, Las Vegas, Nevada
November 10 - 13, 2011

29TH ANNUAL COMPUTED BODY TOMOGRAPHY 2013: THE CUTTING EDGE

Disney's Yacht and Beach Hotel and Convention Center
Orlando, Florida
February 14 - 17, 2013

REGISTRATION FORM

Course Number 80027347

COMPUTED BODY TOMOGRAPHY 2012: THE CUTTING EDGE

February 16 - 19, 2012

To Register: Online: www.HopkinsCME.edu **By fax:** (866) 510-7088

By phone (credit card only): (410) 502-9634

Or mail this form to the Johns Hopkins University, Office of Continuing Medical Education, P.O. Box 64128, Baltimore, Maryland 21264-4128. Include check payable to **HOPKINS/80027347**, or include credit card information below.

PAYMENT MUST ACCOMPANY FORM TO CONFIRM YOUR REGISTRATION.

I am a Johns Hopkins speaker for this activity.

Please type or print clearly:

last name		first name		m.i.	
highest degree	primary specialty				
mailing address					
city		state	ZIP + 4 code	country	
daytime telephone			fax number		
e-mail _____					

You will receive a confirmation notice and your attendance certificate by e-mail if you provide your e-mail address.

Check here if you wish to receive e-mail and/or fax notices about upcoming CME activities.

I plan to stay at the Disney Yacht and Beach Hotel.

What do you hope to learn by attending this activity?

Please notify us if you have any special needs.

Registration Fees:

**By/After
October 31, 2011**

Physicians \$ 695/795

Residents*/Fellows*/Nurses/Allied Health Professionals..... \$ 595/695
*with verification of status

For registrations received after 5:00 p.m. EST on February 10, 2012, include a \$50 late fee. On-site registrations are payable only by credit card.

Total amount enclosed \$ _____

Payment Type:

JHU Faculty/Staff Only: If you are using your Tuition Remission Benefit or an ION budget please complete this registration form and return with appropriate payment processing form to OCME, Turner 20.

Forms can be found on-line at:
<http://www.hopkinscme.edu/Resources/resources.aspx>.

Check (See instructions on top of form.)

Credit Card: VISA MASTERCARD DISCOVER AMEX

Card # _____ - _____ - _____ - _____ Exp. Date _____

Name on Card

Signature and Date