## 2016 Clinical Ethics Immersion (CEI) Registration Form

Personal Information:
First Name: Last Name:
Address:
Phone Number: E-mail:
Session Selection:
$\square$ Spring Session I (June $3^{rd} - 6^{th}$ ) $\square$ Fall Session II (November $4^{th}$ - $7^{th}$ )
Methods of Payment:
1) To pay securely online with a credit or debit card, visit <a href="www.sitelms.org">www.sitelms.org</a> and search for "Clinical Ethics Immersion". Sign up and register.
2) Please charge my registration fee of (circle one) \$1,200 standard; \$1020 for ASBH members; \$960 for MedStar associates* to my (circle one) <b>debit card credit card</b> for the <b>Clinical Ethics Immersion Program.</b>
□ VISA □ MASTER CARD □ AMEX □ DISCOVER
Number: Sec. Code:
Exp. Date: Name on Card:
Signature:
3) Please make checks payable to Center for Ethics and include "CEI" on the memo line.
<ul> <li>* I am a member of the American Society for Bioethics and Humanities (ASBH)</li> <li>* I am an associate of MedStar Health</li> <li>I would like to use the 3 month payment installment plan and authorize a third of my total tuition to be charged to the above account on each of the following dates://</li></ul>

Please fax this form to the Center for Ethics at 202.877.3898.

Please allow 3-5 days for processing. Upon successful registration, you will receive a confirmation email along with receipt of your payment and further information related to the program. Thank you.

