



Attendee Registration & Logistics Questionnaire

1. Full Name:

2. Email Address:

3. Attendee Type (Choose One):

Fellow PGY 5 PGY 4

4. Residency or Fellowship Program Name:

5. Mode of Transportation to the Event (Choose One):

Flying Driving Other (Please Describe): _____

6. Do you require a hotel room?

Yes No

7. Do you agree to sharing a hotel room with another course participant?

***Please note that there will be additional charges per night to have a private room*

Yes No N/A – I do not need a hotel room

8. Anticipated Check-In Date (*Course begins Thursday, October 10th at 1:30 PM*):

9. Anticipated Check-Out Date (*Course concludes Saturday, October 12th at 12:00 PM*):

10. Will you be participating in the Non-CME bioskills lab session on Friday, October 11th?

Yes No

11. Additional Comments:

***Please submit the completed form to info@icjr.net to confirm your registration*