

REGISTRATION FORM**Conference Supervision Calls****Provided by the Mayo Clinic Nicotine Education Program****Tuesday, July 14, 2009, 1 - 2 p.m.***Treating Patients Addicted to Alcohol and/or Other Substances***Wednesday, August 5, 2009, 2 - 3 p.m.***Focusing on Motivational Interviewing Skills***Wednesday, December 2, 2009; 2 - 3 p.m.***Utilizing Cognitive-Behavioral Strategies*

One Continuing Education Hour. Course size is limited. No refunds for cancellation will be made inside 14 days.

Mail form and payment to:Mayo Clinic Nicotine Education Program
Colonial Building 3-10
200 First Street SW
Rochester, MN 55905Phone 507-266-1093
or 800-344-5984
Fax 507-255-0652
Web site <http://ndc.mayo.edu>**Contact Information**

Registrant Name - <i>first name, middle name or initial, and last name</i>		Degree
Company Affiliation		
Work/Business Address - <i>street address</i>		
City	State or Province	ZIP or Postal Code
Home Phone - <i>include area code</i>	Work Phone - <i>include area code</i>	Birth Date (<i>Month DD, YYYY</i>)
E-mail Address	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino
Racial Group: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> More than one race <input type="checkbox"/> Other, specify _____		
Current Position		Primary Specialty
<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Administrator <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Counselor <input type="checkbox"/> Psychologist <input type="checkbox"/> Dentist <input type="checkbox"/> Research Assistant <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Dietitian <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Nurse Educator <input type="checkbox"/> Student <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Other, <i>please specify</i> _____ <input type="checkbox"/> Nurse Practitioner _____		<input type="checkbox"/> Administration <input type="checkbox"/> Preventive Medicine <input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Psychiatry/Psychology <input type="checkbox"/> Community/Public Health <input type="checkbox"/> Research <input type="checkbox"/> Dental Specialty <input type="checkbox"/> Surgery <input type="checkbox"/> Education <input type="checkbox"/> Tobacco Control <input type="checkbox"/> Family Medicine <input type="checkbox"/> Tobacco Intervention <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Services <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Other, <i>please specify</i> _____ <input type="checkbox"/> Oncology _____ <input type="checkbox"/> Pediatric/Adolescent Medicine

Registration (Please Note: Central Time)

Dates <input type="checkbox"/> July 14, 2009, 1-2 p.m. <input type="checkbox"/> August 5, 2009; 2-3 p.m. <input type="checkbox"/> December 2, 2009; 2-3 p.m.
Fee <input type="checkbox"/> Standard Registration \$ 25 per course

Payment Information

<input type="checkbox"/> Check is enclosed in the amount shown at right - <i>make checks payable to Mayo Clinic</i>	Payment Total
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Note: Registration closes one week prior to the course