

## General Information

### Dates/Times

Wednesday, July 9 - Saturday, July 12 - Program starts at 8:30 a.m.  
 On Wednesday, July 9, Check-in starts at 8:00. Course adjourns daily 4:30  
 (3:30 on Saturday). Enrollment is limited to the first 48 processed applications.  
 Confirmation letters will verify enrollment and give additional details.

### Fees

Regular enrollment fee is \$745 per person. **Past registrants, graduates of MU, and/or clinicians who work in settings which have a contractual agreement with MU to provide clinical education may enroll for \$675.** Fee includes all breaks, lunches and the Friday evening dinner at one of Milwaukee's fine restaurants. Fee also covers all course materials including handouts, use of dissection tools, aprons, cadaver, and anatomy and dissection texts.

**Please bring clothes and shoes appropriate for dissection.**

### Accommodations

Housing on the MU campus is available for a reasonable fee. Please note: these are very basic residence hall accommodations. You may call 414-288-7208 for more information or reservations. A list of nearby hotels will be sent when we receive your registration.

### Location/Parking

Morning lectures will be held in room 356 of the Walter Schroeder Health Sciences & Education Complex. Afternoon sessions will be held in the Dissection Laboratory. Parking is available at the cost of \$5/day in parking structure #1. The entrance is located on 16th Street just north of Wisconsin Avenue. Please call Parking Services at 414-288-6911 for additional parking information.

### Credits

Continuing Education Units (CEU) will be awarded for successful completion of this course. This course is approved by the NATA Board of Certification, Inc. Approval is pending for WPTA credits.

### Substitutions/Refunds/Cancellations

If you cannot attend, you may call to substitute another person. If you must withdraw, a full refund (minus a \$15 administrative fee) will be issued if you do so at least 5 full working days before the first meeting of the course. No refunds will be given after the course has begun. MU reserves the right to cancel the course provided a 30 day notice is given prior to July 12, 2006. In case of cancellation, a full refund will be given to enrolled participants.

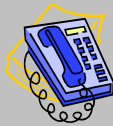
### To Register



**By Mail:** Send or deliver your completed enrollment form with payment to Marquette University,

College of Health Science-Coordinator  
 of Continuing Education, P.O. Box 1881,  
 Milwaukee, WI 53201-1881.

**By Phone:** Use MasterCard or Visa credit card and call 414-288-3093.



**By Fax:** Fax your registration with your credit card number to 414-288-8354. Our FAX line is open 24 hours a day, seven days a week.

**By E-mail:** Send via Internet your registration information with your credit card number to: carol.trecek@marquette.edu.



**Registrations with out payment, check or credit card number will not be processed.**

**In Person:** Accepted at the College of Health Sciences, Schroeder Complex, Room 244.

**For more information, Call 414-288-3093, Fax 414-288-8354.**

**Enrollment Form** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

**PLEASE PRINT** Please print your name as you would like it to appear on your nametag: \_\_\_\_\_

*All confirmation information, nametags, lists will be pulled from this information. If the confirmation information you receive has an error, please contact our office immediately.*

Course Title	Number	Fee
Gross Dissection of the Lower Extremity	LE-08	

Do you qualify for a discount? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, please list contracted site or year of graduation from MU. \_\_\_\_\_

Preferred Address: \_\_\_\_\_

\_\_\_Home \_\_\_Office City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_ I do not want my information included in a class roster.

Method of Payment	
Please Note: Payment must accompany registration.	
_____ Check	Number _____
_____ Master Card	
_____ Visa	
Credit Card Number	
Expiration Date	Office Use Only
Signature	

