

A L S O

ADVANCED LIFE SUPPORT IN OBSTETRICS®

American Academy of Family Physicians

August 15-17, 2008

Aura Soma Lava

Lava Hot Springs, Idaho



Mail Enrollment with Payment to (or for further information contact):

Stella Griffin & Rose Johnson, Course Coordinators
Department of Family Medicine
ISU Family Medicine Residency
465 Memorial Drive
Pocatello, ID 83201-4008

Phone: 800-627-4781 or 208-282-3253

Fax: 208.282.4818

E-mail: also@fmed.isu.edu

Enrollment fees – Please make your check payable to: ISU FAMILY MEDICINE RESIDENCY

Private Physicians \$450 _____

Residents, Nurses and Midwives \$400 _____

Please make checks payable to ISU Dept. of Family Medicine.

Registration for Saturday dinner, river float, swimming in private hot pool:

\$10 per adult _____ Amount _____

\$5 per child under 12 _____ Amount _____

Total Amount Due _____

Full Name: _____ Degree: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Fax: (____) _____

Email: _____