



**November 7-11, 2011
Hilton Papagayo Resort and Spa
Guanacaste, Costa Rica**

Title/Degree: _____ NAME: _____
(Please Print all information)
Address: _____
Street City State Zip Code
Email: _____ Phone# _____
CRNA's Only: AANA # _____

Spanish Ability Level: Beginner Intermediate Advanced
(Please circle one and indicate the # of years and type of experience, formal or informal. The more information you give us here, the better we are able to place you in the appropriate class.)

Conference Registration:

This course provides 20.0 CME/CE Credits for physicians, physician assistants, nurses, and CRNA's. It is intended to improve communication between healthcare professionals and their Spanish-speaking patients.

Physicians \$895
Nurses, Residents, CRNA's & PA-C's \$795
TOTAL:\$ _____

Please register carefully. The cancellation fee is \$75 if received in writing within 30 days before the start of the conference. Please initial here for the cancellation policy. _____

Checks made payable to:

Medical Studies Abroad
8004 Danforth Cove
Austin, TX 78746

OR fill in the Credit Card Information and Fax this form to 512-328-6431

Name onCard: _____ VISA or MC
Billing Address (only if different than above)

Account# _____ EXP: _____
CCV# _____

LODGING: The Hilton Papagayo Resort has set up a personalized webpage exclusively for our group. After you register for the conference, we will send you the link for the webpage and you may book at our group rates. Please call our office if you have any questions: 512-328-6431 phone/fax.