

## **Resident/Fellow CME Educational Grant Fund Policy and Procedure**

The purpose of this policy is to provide instructions to Residents and Fellows who are interested in attending the CME course titled, “Technological Advances in Head and Neck Oncology and Cranio-Maxillofacial Surgery”, July 24-26, 2009 at the Governor Hotel in Portland, Oregon and are requesting an educational grant to subsidize tuition. Educational grants are awarded through Pfiedler Enterprises.

### **Procedure to Request an Educational Grant:**

1. Complete the Resident/Fellow registration form attached. Please note that the Director of your program must sign the registration form prior to returning to Pfiedler Enterprises.
2. Fax or mail the form as indicated on the registration form. A course confirmation number will be sent to you within 48 business hours of receipt of your form. Remember, only a limited number of grants are available and if for some reason they have all been allocated you will be notified that you are on a waitlist.
3. If you cancel once grant has been awarded, please contact Pfiedler Enterprises at (720) 748-6144. This will assist in making additional grants available for those on the waitlist.

### **NOTE:**

The educational grant is for tuition only and does not cover any expenses associated with travel, lodging, or meals.

# Technological Advances in Head and Neck Oncology and Cranio-Maxillofacial Surgery July 24-26, 2009 • Portland, Oregon

\_\_\_\_\_  
Last Name First Name MI

MD  DO  DDS  DMD  Resident  Fellow

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Email Address (Required – Primary delivery method of confirmation number)

Daytime Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Residency/Fellowship Program Director:**

The director of the program must sign this form in order for you to be eligible to receive the educational grant.

Print Director's Name: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

Institution/Hospital Name: \_\_\_\_\_

<b>Registration: no telephone registrations accepted.</b>	
<b>Mail:</b>	Please mail registration form to Pfiedler Enterprises at: 2101 S. Blackhawk St., Suite 220, Aurora, CO 80014
<b>Fax:</b>	Register by faxing to: (720) 748-6196
<b>Questions:</b>	Please send email questions to <a href="mailto:tonia@pfiedlerenterprises.com">tonia@pfiedlerenterprises.com</a>

**Registration Process:**

1. Complete the registration form on this page and submit to Pfiedler Enterprises.
2. A confirmation number will be forwarded to you within 48 business hours, or you will be informed you are on the waitlist.

**Course Cancellation Policy:**

If you must cancel your registration, please contact Pfiedler Enterprises as soon as possible. This will allow those on the waitlist an opportunity to register for the course.