

General Information

Dates/Times

Thursday
July 16, 2015
8 a.m. - 5 p.m.

Friday
July 17, 2015
8 a.m. - 5 p.m.

Saturday
July 18, 2015
8 a.m. - 4 p.m.

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.



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

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

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

Fees

Regular enrollment fee is **\$895** per person. (Graduate students - discounted course fee \$650 by calling 414-288-3093.) Fee includes all breaks and lunches.

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 111 of the Emory Clark Hall. Afternoon sessions will be held in the Gross Anatomy Laboratory of the Walter Schroeder Health Sciences and Education Complex. 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

21 CE credits will be awarded to psychologists upon completion of this course. **[Marquette University College of Health Sciences is approved by the American Psychological Association to offer continuing education for psychologists. Marquette University College of Health Sciences maintains responsibility for this program.]**

Disciplines such as physical and occupational therapy requiring CE Units will receive appropriate credit (2.1 CEU).

Substitutions/Refunds/Cancellations

If you cannot attend, call to substitute another person or transfer to another seminar. If you must withdraw, a full refund (minus a \$25 administrative fee) will be issued if you do so at least two 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 an educational program due to insufficient enrollment. Because of the sensitive nature of cadaveric dissection, those without prior experience may wish to consult with the course director prior to enrollment. (William E. Cullinan 414-288-4528)

Enrollment Form Last Name _____ First Name _____ MI _____

PLEASE Print -

Payment must

accompany registration. Course Title

Thank you!

Neuroanatomical Dissection: Human Brain and Spinal Cord

Number

Fee

HBSC-018

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

Do you qualify for a discount? Yes _____ No _____

If yes, please list college/university and full-time position. _____

Preferred Address: _____

Home _____ Office _____ City _____ State _____ Zip _____

Preferred Phone: _____ Fax: _____

E-mail: _____

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

Make Checks Payable to: Marquette University and return to:

Marquette University, College of Health Sciences - Coordinator of Continuing Education, P.O. Box 1881, Milwaukee, WI 53201-1881. Telephone 414-288-3093. FAX 414-288-8354.

Method of Payment

Please Note: Payment must accompany registration.

_____ Check Number _____

_____ Master Card

_____ Visa

Credit Card Number

Expiration Date

Office Use Only

Signature



College of Health Sciences