

## General Information

Thursday  
July 19, 2018  
8 a.m. - 5 p.m.

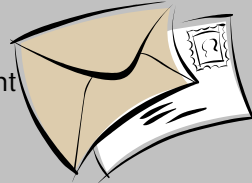
### Dates/Times

Friday  
July 20, 2018  
8 a.m. - 5 p.m.

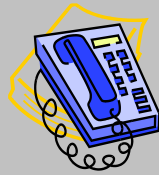
Saturday  
July 21, 2018  
8 a.m. - 4 p.m.

### 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 your credit card number along with your registration information to carol.trecek@marquette.edu.



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

**Registrations without payment, check or credit card number will not be processed.**

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

### Fees

Regular enrollment fee is **\$895** per person. Discounted course fees for Marquette alumni (**\$760**) and current graduate students (**\$650**). 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 414-288-7887 for more information or reservations. In addition, 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 \$10/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)

Print name as you would like it to appear on your nametag: \_\_\_\_\_

Course Title	Number	Fee
<b>Neuroanatomical Dissection: Human Brain and Spinal Cord</b>	<b>HBSC-019</b>	

Are you currently a graduate student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list program and institution: \_\_\_\_\_

Are you a Marquette alum? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list college and graduation year: \_\_\_\_\_

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

Home \_\_\_\_\_ Office \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Occupation: \_\_\_\_\_ 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	CVV Code: _____
Credit Card Number _____	
Expiration Date _____	Office use: _____
<b>Special food requirements?</b>	
<b>Please specify:</b>	
Signature _____	

**Make checks payable to Marquette University**

*Confirmation information and nametags will be pulled from the information included here. If the confirmation you receive has an error, please contact us immediately.*