

Sleep Studies Course Registration

To reserve your place for the date of your choice, complete this form and mail to:

Department of Respiratory Therapy Education
SUNY Upstate Medical University
Silverman Hall
750 E. Adams Street
Syracuse, New York 13210
Fax: 315-464-6876

Please print

Name _____

Degree/License number _____

Business Mailing Address _____

City _____ State _____ Zip _____

Business Phone () _____

E-mail _____

I plan to attend (check one)

October 15-26, 2007

January 21-February 1, 2008

January 19-30, 2009

April 7-18, 2008

April 6-17, 2009

October 13-24, 2008

Full Payment Enclosed - \$2,500 per student

Hold my place! - \$150 non-refundable deposit enclosed

(Full payment and registration is due one month prior to course start.)

Method of Payment (check one):

Check (make payable to SUNY Upstate Medical University)

Money Order Visa MasterCard

Name _____

Card# _____

Expiration Date _____

Signature _____

SUNY Upstate Medical University, College of Health Professions, Department of Respiratory Therapy Education