



ASBH Spring 2009 Conference Books to Bedside: Translational Work in the Medical Humanities



April 23-25, 2009

Northwestern University · Feinberg School of Medicine · Chicago

Please print clearly. Use a separate form for each registrant; duplicate as necessary.

Complete Name: _____ First name for badge: _____ Credentials: _____

Employer: _____ Employer's city/state: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email address (*required**): _____

*Confirmation of your registration will be sent via e-mail only to the email address you provide here.

Emergency Contact: _____ Daytime Phone: (____) _____ Evening Phone: (____) _____

MEETING REGISTRATION RATES

	On or Before 4/10/09	On or After 4/11/09
<input type="checkbox"/> Individual Registration	\$ 75	\$100
<input type="checkbox"/> Student Registration	\$ 0	\$ 20
<i>(Students must include a photocopy of their student ID to receive student rate)</i>		
Subtotal \$	_____	

EXTRA COST EVENTS

(These events are the same price for all attendees)

<input type="checkbox"/> Provocations: Tasting event on Thursday, 7-9 pm	\$10
<input type="checkbox"/> Lost in Translation: Luncheon on Saturday, 12:30-1:15pm	\$10
Subtotal \$	_____

SPECIAL REQUESTS

- I will require special assistance (SA)
 I will need vegetarian meals (SDV)

CONCURRENT SESSIONS *To help us with planning, please mark which of the concurrent the sessions you plan to attend. These sessions are included in your registration fee, along with the plenary presentations.*

Friday, April 24 10:45am 12:15pm

- Taking the History and Giving it Back (IA)
 Translating Representations (IB)
 Rhetoric and Practice (IC)

Friday, April 24 1:30 – 3:00pm WORKSHOPS

- Improvisational Theater, Medicine, & Clinical Skills (W1)
 Visual Art, Medicine, & Clinical Skills (W2)*
 Film, Medicine, & Clinical Skills (W3)

Saturday, April 25 10:45am 12:15pm

- Teaching and the Clinic (IIA)
 Narratives, Fictions, and Ethics (IIB)

*Participants in workshop W2 will need to pay admission to the Museum of Contemporary Art (\$12; \$7 for students with ID)

GRAND TOTAL \$ _____

PAYMENT

MasterCard **VISA** **American Express** **Check** (enclosed)

Make check payable to Northwestern University

I authorize Northwestern University to charge the above listed credit card amounts deemed by Northwestern University to be accurate and appropriate

Credit Card Number: _____ Exp. Date: _____

Signature: _____

Cardholder's Name (please print): _____

2 EASY WAYS TO REGISTER

- **Mail:** Spring Meeting Registration, Medical Humanities & Bioethics, 750 N Lake Shore Drive, Suite 625, Chicago IL 60611-2611
- **Fax:** Spring Meeting Registration, 312-503-0574 (credit card payment only)

Cancellation Policy: ALL CANCELLATIONS MUST BE MADE IN WRITING. All cancellations must be received by April 9 and will be refunded 50% of the paid registration fee. No refunds will be made on cancellations postmarked after April 9.