

**2017 Symposium Registration Form**  
**Cutting Edge Experts from UC Davis Mind Institute:**  
**Understanding ADHD Diagnosis and Treatment**  
**Friday, March 3rd, 2017**  
**9 am - 4 pm**  
**Cocoanut Grove in Santa Cruz**



**Mail:**  
**Dominican Hospital Foundation**  
**Nadherny Symposium 2017**  
**1555 Soquel Drive**  
**Santa Cruz, CA 95065**

**Fax:**  
**831.462.7608**

**1. Registration Information:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Organization / Employer: \_\_\_\_\_

**2. CEU Information:**

Do you want continuing Education Credits?    Yes    No

If 'yes' License type: \_\_\_\_\_

License Number: \_\_\_\_\_

**3. Payment Information:**-Amount Enclosed: **\$75.00**

A. Check Enclosed: **(Please make payable to the Dominican Hospital Foundation)**

B. Credit Card: Cardholder's Name: \_\_\_\_\_

Credit Card Type: Visa / Master Card / American Express / Discover

Card Number: \_\_\_\_\_ CRV Number (3 digit): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: (if paying by credit card) \_\_\_\_\_