ATTENDEE INFORMATION (Please print clearly, information will be used on name tags)

NAME _____

POSITION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

PAYMENT INFORMATION: REGISTRATION FEE: $750; STUDENTS AND POST DOCS: $550

PAYING BY CHECK MAKE CHECK PAYABLE TO: WCM DIVISION OF GERIATRICS AND PALLIATIVE MEDICINE

PLEASE NOTE ON CHECK: REGISTRATION CREATE 2026

PAYING BY CREDIT CARD PLEASE SCAN COMPLETED FORM TO: adj2012@med.cornell.edu

INSTRUCTIONS TO FOLLOW ONCE REGISTRATION FORM IS RECEIVED

☐ I HAVE ATTACHED A CHECK. PLEASE SEND COMPLETED REGISTRATION FORM AND CHECK TO:

ADRIENNE JARET
WCM DIVISION OF GERIATRICS AND PALLIATIVE MEDICINE
420 EAST 70TH STREET (LASDON HOUSE), 3RD FLOOR, OFFICE LH-309
NEW YORK, NY 10021

WORKSHOP DATE AND LOCATION

MONDAY, OCTOBER 5, 2026
ILLINI CENTER
200 SOUTH WACKER DRIVE,
CHICAGO, ILLINOIS 60606

BREAKFAST, LUNCH, AND NETWORKING RECEPTION IS INCLUDED IN THE REGISTRATION FEE.

CREATE