

Dates and Location: The seminars will take place on Saturday, October 7, 2006 and Sunday, October 8, 2006 from 8:30am-5:00pm at the Radisson Hotel Seattle Airport, 18118 International Boulevard, Seattle, WA 98188. Telephone 206-244-6666. The Radisson Hotel is located across the street from the entrance to SeaTac International Airport. You will be provided with driving directions when you register for the workshop.

Parking: Parking is free.

Included in Every Registration: The \$295 tuition for each course includes continental breakfast, breaks, lunch with faculty, a detailed seminar manual and a unique, interactive learning experience.

Continuing Medical Education Information: SEAK, Inc. is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians. SEAK, Inc. designates *Writing and Defending Your IME Reprt* and *Advanced Deposition Skills Workshop* each for a maximum of 7.0 Category 1 credits toward the Physician's Recognition Award of the American Medical Association. Each physician should claim only those credits that he/she actually spent in the activity.

To Register: Please type or print clearly and make your check payable to SEAK, Inc. or fill in your credit card information. Upon receipt of your registration form and payment, we will mail you your confirmation letter.

Free with Early Registration: Paid registrants whose registrations are received prior to August 1, 2006 will receive a free copy of the DVD (*Symptom Magnification, Deception and Malingering: Identification Through Distraction and Other Tests and Techniques*), a \$104 value.

Cancellations: All written cancellations received prior to October 1, 2006 will receive a full refund. Persons canceling after October 1, 2006, will not receive a refund.

October 2006 Seattle Registration Form

Priority Code: NET

Mail to:
SEAK, Inc., P.O. Box 729, Falmouth, MA 02541

or FAX to: 508-540-8304
or Call: 508-457-1111

Please register me for:

Writing and Defending Your IME Report, October 7, 2006 (\$295)

Advanced Deposition Skills Workshop, October 8, 2006 (\$295)

Check Enclosed, payable to SEAK, Inc.

Visa Mastercard AmEx account:

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Security Code

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Name on card: _____

Expiration Date

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Signed: _____

Please print or type all items to assure accuracy. All confirmations will be sent to the individual indicated.

Check here if you require special accommodations

First Name (as it will appear on name badge) Last Name Title

Name of Company or Organization

Specialty/Area of Expertise

Mailing Address

City State Zip

Phone (Area Code/Number) Fax (Area Code/Number)

E-Mail Address

Register today. Space limited. Don't miss these workshops.