



SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY



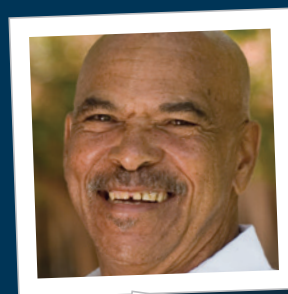
University
Hospitals



THE LAURA & ALVIN SIEGAL
LIFELONG LEARNING
PROGRAM



MetroHealth



Mini MED SCHOOL

Medical school for the rest of us

Learn about the latest medical breakthroughs to improve your health or your understanding of medical issues affecting family or friends. **Spring 2017 Mini Med School, Wednesday evenings, 6:30 – 8:30 pm, May 3 - 31**

(attend any evening or all 5). No math or science background needed. No stress, no exams! All sessions are led by faculty experts from Case Western Reserve University.

"This class offered more information about medicine in one month than most people get out of their doctors in a lifetime."

Orthopaedics: Common Foot and Ankle Problems

Randall Marcus, MD, professor of orthopaedics

Wednesday, May 3

Reproductive Biology: High Risk Pregnancy, Short and Long Term Effects of Maternal Obesity on the Mother and Her Child

Patrick Catalano, MD, professor of reproductive biology

Wednesday, May 10

Radiation Oncology: Overview of Radiation Oncology Featuring Proton Beam Therapy at UHCMC

David Mansur, MD, associate professor of radiation oncology and pediatrics

Wednesday, May 17

Pediatrics: ADHD Across the Lifespan

Max Wiznitzer, MD, professor of pediatrics and neurology

Wednesday, May 24

Medicine: Integrative Oncology and Palliative Care

Richard Lee, MD, associate professor of medicine

Wednesday, May 31

Mini Med School Medical Director: Nathan A. Berger, MD, director, Center for Science, Health and Society

Join us Wednesday evenings at the Wolstein Building, 2103 Cornell Road. Light refreshments provided.

Registration fee for all 5 sessions: \$87 per person or \$160 for two, single session \$20 (parking not included). A detailed confirmation letter will be mailed to you upon completed registration. For more information or to register by credit card, call 216.983.1239 or fax to 216.844.8133, or visit <http://case.edu/medicine/cme/courses-activities/mini-med/>

Mail this registration form to:
Continuing Medical Education Program
Case Western Reserve University
School of Medicine
10524 Euclid Avenue, Walker Suite 3129
Cleveland, Ohio 44106-6026

Please enroll me for **Mini Med School, Spring 2017, CID #1043**

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone Day () _____ Evening () _____

Registration: \$87 per person _____ \$160 for two _____

\$20 single session(s): ☐ May 3 ☐ May 10 ☐ May 17 ☐ May 24 ☐ May 31

Total \$ _____

Make checks payable to **Case Western Reserve University** or

Credit Card: ☐ MasterCard ☐ Visa ☐ Discover

Credit Card # _____ Card expiration date _____

Signature _____