The Worcester District Medical Society would be honored by your presence as we continue this two century-old tradition.

The Worcester District Medical Society

216th ANNUAL ORATION

Wednesday, February 8, 2012
Beechwood Hotel, Worcester

5:30 pm

Charles A. Birbara, MD

ORATOR
ABOUT THE ORATOR

Charles A. Birbara, MD

Charles Birbara is a Worcester native. He graduated from Harvard College and McGill University Medical School.

He was the first Chief Medical Resident at what is now Northwestern (University) Memorial Hospital in Chicago where he also did a fellowship in rheumatology. In 1970, he returned to Worcester as Assistant Chief of Medicine at the former Worcester City Hospital and for many years was involved with teaching the early entering classes of the University of Massachusetts Medical School. In 1989, he and Mary Coughlin, RN, BSN founded Clinical Pharmacology Study Group which has completed more than 250 clinical trials primarily involving rheumatoid arthritis, psoriasis and psoriatic arthritis, osteoarthritis, osteoporosis, pain and Crohn’s disease. His work in these areas has resulted in more than 50 publications in peer reviewed journals, abstracts and poster presentations at national and international meetings.

WORCESTER DISTRICT MEDICAL SOCIETY

216th ANNUAL ORATION

"50 Years of Medicine: Less Art, More Science"

A fifty-year personal journey of involvement in treatment advances of inflammatory and degenerative disease; Where we are and what’s to come.

PROGRAM

5:30 pm — Social Hour / Registration
6:00 pm — Dinner
Oration will begin immediately after the dinner

Wednesday, February 8, 2012
Beechwood Hotel, Worcester

REGISTRATION FORM – WORCESTER DISTRICT MEDICAL SOCIETY – 216th ORATION

Send by Mail, Fax or Email to:

Mail: Worcester District Medical Society
Mechanics Hall, 321 Main St., Worcester, MA 01608
Fax: (508) 754-6246  Tel: (508) 753-1579
E-mail: wordmsa@massmed.org
or
Register on-line: www.wdms.org

Name(s) of those attending: ____________________________ Tel. ____________________ E-mail _______________________
Number to attend _______ Address ____________________________________________

Need special assistance: Call 508-753-1579

Registration and payment (if appropriate) must be received no later than February 2, 2012

Reservations for dinner must be honored

Enclosed is my check for $ ____________
Please bill my credit card $ ____________
Visa  MasterCard  (circle one)
Card Number: ________________________________________
Expiration Date: __________________
Signature: __________________________________________

Please Check:

❑ WDMS Members & Alliance Members . . No Charge
❑ Students/Residents . . . . . . . . . . . No Charge
❑ Guests . . . . . . . . . . . . . . . . . . . . . . . . . . No Charge
❑ Table of 8 . . . . . . . . . . . . . . . . . . . . . . . . . . $400

❑ $50