

**REGISTRATION FORM**

6<sup>TH</sup> ANNUAL PRIMARY CARE UPDATE  
The Westin Maui, February 27 – March 3, 2011  
Maui, Hawaii

**FAX: COMPLETE FORM AND FAX TO: 1-800-764-8147**

**PHONE REGISTRATION: 952-948-1685**

**Mail:** Continuing Medical Education Institute, Inc.  
2101 Dixon Dr \* Bloomington, MN 55431

**Information: 952-948-1685**

Name & Title (as you want them on your CME certificate)			
E-Mail Address:			
Street Address	City	State	Zip
Area Code & Telephone Number		Area Code & Fax Number	

**REGISTRATION: Tuition: \$595.00** for Physicians, **\$450.00** for Residents and other Healthcare professionals. **Registration fee includes: Tuition, Continental Breakfast, (Monday, Wednesday & Thursday) Syllabus, & Breaks.**

<b>PAYMENT</b>			
Total Payment enclosed: \$ _____			
<input type="checkbox"/> Check (Payable to Continuing Medical Education Institute, Inc.)			
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card			
Credit Card Number _____			
Expiration Date (Mo /Yr) _____			
Name on Credit Card _____			
Home Address	City	State	Zip
Signature			Date