

# REGISTRATION FORM

## PRIMARY CARE UPDATE – SUMMER CONFERENCE - 2018

Wisconsin Dells, WI

July 20 – 22, 2018

### 4 Easy Ways to Register

1. Online (Fast & Secure) **www.CMEIconference.org**
2. Fax: Complete Registration Form and fax to 1-800-764-8147
3. Phone: Call CMEI at 952-948-1685
4. Mail: Complete registration form and mail to CMEI  
8100 Penn Ave So – Suite 150I, Minneapolis, MN 55431

_____ Name & Title (as you want them on your CME certificate)
_____ E-Mail Address: Please Print
_____ Area Code & Telephone Number

REGISTRATION FEE: Physicians: \$625.00 Other Health Care Providers: \$525.00  
Registration Fee Includes: Continental Breakfast (Friday, Saturday & Sunday) and course syllabus.

PAYMENT			
Registration Fee: \$_____			
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) _____		Security Code: _____	
		3 or 4 numbers	
Name on Credit Card _____			
Home Address _____		City _____	State _____ Zip _____
Signature _____			Date _____