

REGISTRATION FORM

13TH ANNUAL PRIMARY CARE UPDATE

Ka'anapali Beach, Maui, Hawaii

March 5 – 9, 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 150 I

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

REGISTRATION FEE: Physicians: \$700.00 - Other Health Care Providers: \$595.00
Registration Fee Includes: Continental Breakfast (Monday, Tuesday, Thursday & Friday) & Breaks. You will receive a link to download the slides 10 days prior to the conference.

Printed Syllabus: If you prefer a printed syllabus please add \$70.00 to your total payment. Black and white slides 3 per page. Printed Syllabus must be ordered 30 day prior to the conference.

PAYMENT	
Registration Fee: \$ _____	Printed Syllabus: \$ _____
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 _____	
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