

21th Annual Primary Care Update – Session 1  
Naples, Florida  
March 19 – 23, 2018

**REGISTRATION FORM (Fax to 1-800-764 – 8147)**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ATTENDEE'S EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_ Title: \_\_\_\_\_ MD/DO/NP/PA/Other

**TUITION:**

_____ : \$710.00	Physicians
_____ : \$595.00	Residents, NP, PA and other allied healthcare professionals
_____ : \$70.00	Printed Syllabus (Black & White 3 Per Page)

**PAYMENT METHOD**

\_\_\_\_\_ : Credit Card (VISA or MASTERCARD ONLY)      \_\_\_\_\_ : TOTAL CHARGED

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Name on Card: \_\_\_\_\_

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Security Number (On Back of Card) \_\_\_\_\_

Billing Address (If different from above) \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ : Check – Make Payable to: Continuing Medical Education Institute –  
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