

21st Annual Primary Care Update – Session 3  
Naples, Florida  
April 2 – 6, 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
_____ : \$610.00	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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\_\_\_\_\_ : Check – Make Payable to: Continuing Medical Education Institute –  
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