

CME REGISTRATION FORM

**22nd Annual Primary Update – Session 1
Naples, Florida**

March 18 - 22, 2019

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

Participant Information

Print Name & Title (as you want them on your CME certificate)

E-Mail Address:

Home Address _____ City _____

State/Province _____ Postal Code _____ Country _____

Home Phone Number _____

Specialty _____ Title (MD/DO/NP/PA/Other) _____

Payment Information

_____ \$725.00 – Physicians

:

_____ \$625.00 - Residents, Nurse Practitioners, Physician Assistants & Other Health
Care Providers

Payment

American Express Visa Master Card

Card Number _____ Name on Card _____

Expiration Date (Mo /Yr) _____ Security Code: _____
3 or 4 numbers

Bill Address (If different from above) _____

Signature _____ Date _____

____ Check (Make Payable to Continuing Medical Education Institute and mail to 8100
Penn Ave So Ste 150 I , Minneapolis, MN 55431

Continuing Medical Education Institute, Inc
8100 Penn Ave So Suite 150 I, Minneapolis, MN 55431
Phone: 952-948-1685, Fax: 1-800- 764-8147, Email: info@CMEImeeting.org