REGISTRATION

First Name: Last Name:

Designation: ❑ARNP ❑DO ❑MD ❑NP ❑PA ❑PhD ❑RN ❑RT ❑RVT ❑Other:

Preferred Mailing Address:

City: State: Postal Code: Country:

Medical Center/Hospital/Institution:

Daytime Phone: Mobile Phone:

E-mail Address (Required to receive confirmation & certificate information):

Pursuant to the Americans with Disabilities Act, please specify any special services you require:

State(s) of Professional Licensure:

License Number: *(As continuing education providers, it is important to our recordkeeping process to maintain information relating to our learners' licensure. To that end, providing your professional license number is optional, but of importance to continuing education efforts.)*

SPECIALTY/REGISTRATION TYPE (Please select only one)

PHYSICIAN	ALLIED HEALTH PROFESSIONAL	Student	INDUSTRY/NON CLINICAL
❑ Gastroenterology/Hepatology	❑Administrative Support Staff	❑Graduate Student	❑Engineer
❑ Interventional Radiology	❑Licensed Practical Nurse	❑Medical Student	❑Industry Professional
❑ Medical Oncology	❑Nurse Practitioner	❑Undergraduate	❑Scientist
❑ Orthopedic Surgery	❑Physician Assistant	❑Other: _________________	❑Other: _________________
❑ Primary Care	❑Registered Nurse		
❑ Radiation Oncology	❑Registered Vascular Technologist		
❑ Surgical Oncology	❑ Other: _______________________		
❑ Urology			
❑ Other: __________________			

REGISTRATION FEES

	Early Bird Until November 22	Regular Nov. 22 Jan. 21
Physician	❑ $750	❑ $850
*Fellow/Resident	❑ $200	❑ $300
Nurse and Allied Health Professional	❑ $250	❑ $350
Student	❑ $25	❑ $125
Industry Professional/Non-clinical	❑ $850	❑ $950
PAE Symposium ONLY	❑ $350	❑ $450

**Fellow/Resident: A letter of fellowship status from your program director is required to qualify for the reduced fee. Please email to registration@ccmcme.com or fax 305-279-8221.*

DEMOGRAPHIC INFORMATION

What contributed most to your registration?

- ❑ Recommendation by Colleague or Friend
- ❑ Recommendation by an Industry Representative
- ❑ Mailed Postcard/Brochure
- ❑ Personal Invitation
- ❑ Other (Please specify) ________________________________
- ❑ CCM Website (www.ccmcme.com)
- ❑ Online Advertisement
- ❑ Email/Electronic Newsletter

Age Group

- ❑ Under 30
- ❑ 30-40
- ❑ 41-50
- ❑ 51-60
- ❑ 61 and over

Cancellation requests received in writing by Friday, December 20, 2019, will be refunded, less a $50 administrative fee. Requests received after Friday, December 20, 2019, will not be refunded.

Mail registration and check payable to: Complete Conference Management, 8333 NW 53rd Street, #450, Doral, FL 33166

This educational activity provides training necessary for licensed attendees to maintain state licensing requirements. The tuition for this educational activity is subsidized in part by unrestricted educational grants, including for those attendees who have successfully completed the state licensing requirements for their respective fields. This subsidy is reflected in the registration fees for this activity.