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Register Now!

***Inaugural Jefferson Urology Symposium:
 Innovations in the Endoscopic Use of the Holmium Laser***

Friday, December 8, 2017 * Jefferson Alumni Hall (1020 Locust Street, Philadelphia, PA 19107)

INSTRUCTIONS: Please complete this entire form and fax or mail to the Office of CME along with payment. If you do not have an account set up in our CPD@JeffLEARN webpage, a profile will be set up for you. An email will be sent to you with additional instructions on how to access your account. For more course information, visit cme.jefferson.edu.

Title (Dr, Mr, Ms, Mrs)	First Name	MI	Last Name	Personal Title (II, Jr)
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Degree (MD, PhD, BSN, MSN, MBA, etc)	Specialty/Sub Specialty
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Company/Organization Name	Position/ Job Title
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Address	City	State	Zip Code
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Mobile Phone Number*	Other Phone	Email Address
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**your mobile phone number will not be disseminated and is only intended to record attendance at selected activities.*

FOR PHYSICIANS ONLY: NPI# _____ State Licensure # (only 1 state needed) _____

Registration Fees - Registration Deadline is: December 6, 2017	
Lecture & Hands-on Lab	Lecture Only
<input type="checkbox"/> \$300 Practicing Physician, Nurse or Allied Health	<input type="checkbox"/> \$125 Practicing Physician, Nurse or Allied Health
<input type="checkbox"/> \$225 Jefferson Health* Discount - Practicing Physician, Nurse or Allied Health	<input type="checkbox"/> \$100 Jefferson Health* Discount - Practicing Physician, Nurse or Allied Health
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<i>*Jefferson, Methodist, Abington, Aria, Kennedy - Faculty and Staff</i>	

To register please use one of the following options, based on payment method. Registration will not be processed unless full payment is received.

CHECK: Please make check payable to **SKMC at TJU, Office of CME**. Do not send cash.
Mail to: Urology Symposium 2017 - Office of CME; 1020 Locust Street, Suite M-5; Philadelphia, PA 19107

Check is enclosed. Check Number: _____

Credit Card: If paying by credit card, we suggest you register online (<https://cme.jefferson.edu>). However, you may fax this form with credit card payment to (215) 923-3212.

I hereby authorize use of my: Visa MasterCard Amount \$ _____

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Please do not include me in upcoming events mailing lists.

For more information, please call the Office of CME at 1-888-JEFF-CME or 215-955-6992
 & If you have any special needs, please contact the CME Office by December 1, 2017 at 1-888-JEFF-CME or 215-955-6992.