

Registration Form

Registrant Information (PLEASE PRINT)

Title (Dr., Mr., Ms., Mrs.) First Name MI Last Name Personal Title (II, Jr)

Degree (MD, PhD, BSN, etc.) Specialty/Sub Specialty

Company/Organization Name Position/Job Title

Address

City State Zip

Mobile Phone Other Phone

*Your mobile phone number will not be disseminated and is only intended to record attendance at selected activities

Email Address

PHYSICIANS ONLY:

NPI# License # State of License (only 1 state needed)

ABA ID number required to receive MOCA® Patient Safety Credits _____

AANA Membership Number _____

I will be accompanied by: _____ (for reception nametags)

Registration

Please register by February 2, 2019 to guarantee conference materials.

On or Before January 1, 2019 *After January 1, 2019*

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Practicing physicians | \$745 | \$795 |
| <input type="checkbox"/> Nurses (including advanced nurse practitioners/anesthetists) | \$675 | \$725 |
| <input type="checkbox"/> Allied Health Professionals | \$675 | \$725 |
| <input type="checkbox"/> Resident/Fellows (including nurses in training)
(trainees please include letter of verification from department chair) | \$500 | \$550 |
| <input type="checkbox"/> YES! I attended Big Sky between 2015-2018, and am bringing a first-time participant.
Apply 10% discount* to my fee checked above. | | |

First time participant's name: _____

*Discount subject to verification and contingent upon receipt of first time participant registration and payment.
Submit registration for discount via fax or mail (not available online)

Payment

Must accompany conference registration. Amount \$ _____

- Check enclosed payable to "SKMC Office of CME"
- I hereby authorize use of my credit card: MasterCard Visa AMEX

Card Number _____ Expiration Date _____

Cardholder name and Billing address (if different from above) _____

Signature _____

Mail or fax to:

Sidney Kimmel Medical College
Office of Continuing Medical Education
1020 Locust Street, Suite M-5
Philadelphia, PA 19107
Attn: JACS

Phone: 888-JEFF-CME (533-3263)
Fax: 215-923-3212

Note: Faxed forms must include
credit card information.

To register online: cme.jefferson.edu/content/JACS2019

Refund Policy: Written notification of cancellation must be received by January 26, 2019 to obtain a refund (minus 25% administrative fee). No refunds after January 26, 2019



Important Telephone Numbers/Websites

Conference Information and Questions

Suzanne McCade
215-955-7196
suzanne.mccade@jefferson.edu

Register Online

cme.jefferson.edu/content/JACS2019

Jefferson Office of CME

Phone: 888-533-3263
Fax: 215-923-3212
Email: jeffersoncme@jefferson.edu

Hotel Reservations

Huntley Lodge
800-548-4486

Air/Car Reservations

Montana Travel
800-247-3538

Airport Transfer

Karst Stage Shuttle
800-287-4759
www.karststage.com

XC Skiing, Sleigh Ride

Lone Mountain Ranch
406-995-4644

Downhill Ski School

Children and Adults
406-995-5743

Cancellation Policy:

The University reserves the right to cancel or postpone this course due to unforeseen circumstances. In the event of cancellation or postponement, the University will refund registration fees, but is not responsible for related costs or expenses to participants, including cancellation fees assessed by hotels, airlines, or travel agencies.