



4th Annual Diabetes Symposium: New Advances & Trends

Dorrance H. Hamilton Building * 1001 Locust Street, Philadelphia, PA 19107
Thursday, October 15, 2015

INSTRUCTIONS: Please complete this entire form and return it to the Office of CME either via fax or by mail 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 additional course information, please access the CPD@JeffLEARN webpage at <https://cme.jefferson.edu/>

Title (Dr, Mr, Ms, Mrs)	First Name	MI	Last Name	Personal Title (II, Jr)
Degree (MD, PhD, BSN, MSN, MBA, etc)			Specialty/Sub Specialty	
Company/Organization Name			Position/ Job Title	
Address		City	State	Zip Code
Mobile Phone Number*	Other Phone	Email Address		
*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: October 8, 2015*

<input type="checkbox"/> \$175 Practicing Physicians	<input type="checkbox"/> \$120 Nurses & Allied Health Professionals
<input type="checkbox"/> \$60 Jefferson Faculty, Staff, and Employees <i>MUST register with institution email for discount; subject to verification</i>	<input type="checkbox"/> \$75 Non-Jefferson Residents and Fellows

To register please use one of the following options:

Fax: You may fax this form with credit card payment to (215) 923-3212

Mail: Diabetes Symposium 2015 - Office of CME; 1020 Locust Street, Suite M-5; Philadelphia, PA 19107

Payment: Please make check payable to **SKMC at TJU, Office of CME**, or provide Credit Card Information. Do not send cash. **Registration will not be processed unless full payment is received.**

Check is enclosed. Check Number: _____

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

Account Number: _____ Expiration Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Billing address (if different from above): _____

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 October 8, 2015 at 1-888-JEFF-CME or 215-955-6992.