

Register Now! 7th Annual Lung Cancer Symposium

Jefferson Alumni Hall | 1020 Locust Street | Philadelphia, PA 19107

THURSDAY, MARCH 7 – FRIDAY, MARCH 8, 2019

Registrant Information (PLEASE PRINT)

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

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#

State License # (only 1 state needed)

Registration Fees | *Registration Deadline is Tuesday, March 5, 2019*

	Thursday ONLY	Friday ONLY	Thursday AND Friday
Physicians	<input type="checkbox"/> \$145	<input type="checkbox"/> \$145	<input type="checkbox"/> \$200
Nurse, Nurse Practitioner, Allied Health Professionals & Retired Physician	<input type="checkbox"/> \$95	<input type="checkbox"/> \$95	<input type="checkbox"/> \$145
Social Workers	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80
Non Jefferson Residents and Fellows	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80
Sidney Kimmel Cancer Network Members*	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80
Jefferson Health (Center City, Abington, Aria, Einstein, Kennedy, Magee Rehabilitation Hospital, and Methodist) - Faculty & Staff	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0

*Please visit the following webpage for a list of Sidney Kimmel Cancer Network members that are eligible for registration discounts: <http://www.kimmelcancercenter.org/cancer-center/about/skcc-network>

Please check here if you will be attending the networking reception on Thursday, March 07, 2019 at 4:45 PM

Payment

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: Lung Cancer 2019 - Office of CME; 1020 Locust Street, Suite M-5; Philadelphia, PA 19107

Check 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 AMEX 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.

To register online: cme.jefferson.edu/content/lung2019

 If you have any special needs, please contact the CME Office by [February 22, 2019](https://cme.jefferson.edu) at 1-888-JEFF-CME or 215-955-6992.