

**Register Now!**

**Advances in Integrative Nutrition**

The Notary Hotel, 21 N. Juniper Street, Philadelphia, PA 19107

**October 31 - November 3, 2019**

**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    Jefferson Campus Key

\_\_\_\_\_  
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 25, 2019\***

Early Bird Registration (on or before October 15, 2019)	Regular Registration (after October 15, 2019)
<input type="checkbox"/> \$495 Practicing Physician, Allied Health Professional / Retired Physician / Nurse / Other (Please Circle One)	<input type="checkbox"/> \$795 Practicing Physician, Allied Health Professional / Retired Physician / Nurse / Other (Please Circle One)
*JEFFERSON RESIDENTS AND STUDENTS - Please contact IEHP for a reduced registration rate coupon code at 215-503-1111.	

**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 CPD. Do not send cash.

**Mail to:** Integrative Nutrition - Office of CPD; 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:  American Express     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 IEHP at 215-503-1111 or email [IEHP-info@jefferson.edu](mailto:IEHP-info@jefferson.edu).

*If you have any special needs, please contact IEHP by October 24, 2019 at 215-503-1111 or [IEHP-info@jefferson.edu](mailto:IEHP-info@jefferson.edu)*