



Jefferson

Philadelphia University +
Thomas Jefferson University

39th Annual Advances in Gastroenterology Conference
Sheraton Atlantic City Hotel and Convention Center
Saturday, June 22, 2019

INSTRUCTIONS: Please complete this entire form and return it to the Office of CPD 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: June 19, 2019*

Early Registration (<i>before May 24, 2019</i>)	Regular Registration (<i>on or after May 24, 2019</i>)
<input type="checkbox"/> \$150 Practicing Physician	<input type="checkbox"/> \$175 Practicing Physician
<input type="checkbox"/> \$100 Jefferson Digestive Disease Network Member*	<input type="checkbox"/> \$100 Jefferson Digestive Disease Network Member*
<input type="checkbox"/> \$75 Jefferson Health Faculty/Staff	<input type="checkbox"/> \$75 Jefferson Health Faculty/Staff
<input type="checkbox"/> \$95 Allied Health Professional / Retired Physician / Nurse / Other (<i>Please Circle One</i>)	<input type="checkbox"/> \$120 Allied Health Professional / Retired Physician / Nurse / Other (<i>Please Circle One</i>)
<input type="checkbox"/> \$50 Non-Jefferson Resident or Fellow	<input type="checkbox"/> \$75 Non-Jefferson Resident or Fellow

***Subject to verification.**

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: Advances in GI 2019 -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: Visa MasterCard American Express 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 CPD at 1-877-JEFF-CPD or 215-955-6992

& If you have any special needs, please contact the CPD Office by June 14, 2019 at 1-877-JEFF-CPD or 215-955-6992.