



**Jefferson**

Philadelphia University +  
Thomas Jefferson University

## 5th Annual Current Issues in Coronary and Structural Heart Disease

Dorrance H. Hamilton Building \* 1001 Locust Street\* Philadelphia, PA 19107

**May 17, 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 May 15, 2019\***

|  |   |
|--|---|
| <input type="checkbox"/> \$100 Practicing Physician  | <input type="checkbox"/> \$35 Nurse, Nurse Practitioner & Allied Health Professionals |
| <input type="checkbox"/> \$50 Jefferson Cardiology Fellowship Alumni   |   |
| <input type="checkbox"/> Complimentary – Jefferson Faculty & Staff <i>(includes Methodist, Abington, Aria, Kennedy, and Magee)</i> |   |

**Registration will not be processed unless full payment is received.**

**PAYMENT:** Please make check payable to Sidney Kimmel Medical College at Thomas Jefferson University, Office of CPD, or provide Credit Card Information. Do not send cash. Registration will not be processed unless full payment is received.

CHECK is enclosed. Check Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Payment should be mailed to: Current Issues in CSHD 2019 - 1020 Locust Street - Suite M5, Philadelphia, PA 19107

CREDIT CARD: I hereby authorize use of my:  Visa  American Express  MasterCard Amount \$ \_\_\_\_\_  
Account Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Billing Address (if different from above): \_\_\_\_\_

*⚡ If you have any special needs, please contact the CPD Office by May 10, 2019 at 1-877-JEFF-CPD or 215-955-6992.*

For more information visit: <https://cme.jefferson.edu/content/heartdisease2019> or call the Office of CPD at 1-877-JEFF-CPD or 215-955-6992

Please do not include me in upcoming events mailing lists.