

## Fundamental Critical Care Support 2019

Thomas Jefferson University - Jefferson Alumni Hall  
1020 Locust Street, Philadelphia, PA 19107  
July 18-19, 2019

**INSTRUCTIONS:** Please fax or mail completed form to Office of CME along with payment. If you do not have an account set up in our CPD@JeffLEARN system, a profile will be set up for you. An email will be sent to you with instructions on how to access your account. For more course information, please visit us online 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: July 15, 2019\* - Onsite registration pending availability**

<input type="checkbox"/> <b>\$350 Practicing Physician, Nurse or Allied Health Professional</b> <i>(No Jefferson Affiliation)</i>	<b>FCCS Textbooks</b> Textbooks are included in the registration fee and can be picked up at the Office of CME at no charge or shipped for an additional fee.  <input type="checkbox"/> <b>\$25 FCCS textbook shipping</b> <i>Via FedEx 2-Day shipping - please allow up to one week for processing. Books will be shipped to the address listed above unless otherwise noted.</i>
<input type="checkbox"/> <b>\$265 Jefferson Neuroscience Network - Faculty &amp; Staff</b>	
<input type="checkbox"/> <b>\$125 Jefferson Health - Faculty and Staff</b> <i>TJUH, Methodist, Jefferson Northeast, Jefferson New Jersey, Magee</i>	

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.  
 Check is enclosed. Check Number: \_\_\_\_\_  
 Mail to: FCCS 2019 - Office of CME; 1020 Locust Street, Suite M-5; Philadelphia, PA 19107

**Credit Card:** If paying by credit card, we suggest you register online. 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.

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 July 4, 2019 at 1-877-JEFF-CPD or 215-955-6992.