



1020 Locust Street, Suite M5  
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 jefferson.edu/cme

**Register Now!**

**2<sup>nd</sup> Annual Jefferson Liver Disease Symposium**

The College of Physicians of Philadelphia\* 19 S. 22nd Street\* Philadelphia, PA 19103

**Saturday, April 2, 2016**

**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/>

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Title (Dr, Mr, Ms, Mrs)	First Name	MI	Last Name	Personal Title (II, Jr)
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Degree (MD, PhD, BSN, MSN, MBA, etc)	Specialty/Sub Specialty
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\_\_\_\_\_

Company/Organization Name	Position/ Job Title
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Address	City	State	Zip Code
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Mobile Phone Number*	Other Phone	Email Address
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\*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: March 31, 2016\***

<input type="checkbox"/> \$150 Practicing Physician	<input type="checkbox"/> \$110 Nurse
<input type="checkbox"/> \$110 Allied Health Professional	<input type="checkbox"/> \$0 Resident/Fellow

**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:** Liver Disease 2016 - Office of CME; 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 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 [March 25, 2016](https://cme.jefferson.edu) at 1-888-JEFF-CME or 215-955-6992.