Jefferson
Philadelphia University + Thomas Jefferson University

Register Now!

6th Annual Jefferson Liver Disease Symposium

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

Saturday, April 4, 2020

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

_____

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: April 2, 2020*

□ **$150** Practicing Physician	□ **$110** Nurse/Other Health Professionals
□ **$0** Jefferson Digestive Disease Network /Jefferson Health Physicians, Nurse, Other Health Professionals, Residents and Fellows (***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 **TJU, Office of CPD**. Do not send cash.
Mail to: Liver Disease 2020 - 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 March 20, 2020 at 1-877-JEFF-CPD or 215-955-6992.