



8th Annual Jefferson Neurocritical Care Symposium

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

Friday-Saturday, February 22-23, 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

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 February 20, 2019*

	<u>Friday ONLY</u>	<u>Saturday ONLY</u>	<u>Friday AND Saturday</u>
Physicians	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$500.00
Nurse, Nurse Practitioner and Allied Health Professionals, Non Jefferson Residents & Fellows	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$450.00
Jefferson Neuroscience Network* - Physician	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$425.00
Jefferson Neuroscience Network* - Nurse, Nurse Practitioner and Allied Health Professionals	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$400.00
Jefferson Health (Abington, Aria, Einstein, Kennedy, Magee Rehabilitation Hospital, and Methodist) - Faculty & Staff	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$400.00

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 CME, 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: 1020 Locust Street - Suite M5, Philadelphia, PA 19107 ATTN: NCC Symposium

I hereby authorize use of my: American Express Visa Mastercard Amount \$ _____

Account Number: _____ Exp Date: _____

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 February 20, 2019 at 1-888-JEFF-CME or 215-955-6992.