

## 2<sup>nd</sup> Annual New Jersey Neurovascular Symposium *Innovations and Updates in Assessments, Treatment and Care*

**Presented by the Vickie and Jack Farber Institute for Neuroscience at Jefferson Health  
Friday, November 1, 2019**

**INSTRUCTIONS:** Please complete this entire form and send it to the Office of CPD along with payment. If you do not have an account set up in our CPD@JeffLEARN learning management system, a profile will be set up for you. An email will be sent to you with additional instructions on how to access your account.

\_\_\_\_\_  
Campus Key                      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

<input type="checkbox"/> \$150 Practicing Physicians	<input type="checkbox"/> \$105 Jefferson Neuroscience Network - Physician
<input type="checkbox"/> \$100 Nurses	<input type="checkbox"/> \$70 Jefferson Neuroscience Network - Nurse
<input type="checkbox"/> \$75 EMS/Pre-Hospital Professionals Allied Health Professionals Non-Jefferson Residents, Fellows, Retirees	<input type="checkbox"/> \$50 Jefferson Health - Faculty & Staff

*\*For a list of eligible affiliates, please the course page at <https://cme.jefferson.edu/content/NJNV2019>*

**We do not accept cash. Please use one of the following payment options. Registration will not be processed unless full payment is received.**

**CHECK:**  Check is enclosed. Check Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please make check payable to Sidney Kimmel Medical College at Thomas Jefferson University, Office of CPD.  
Mail to: Office of CPD; 1020 Locust Street, Suite M-5; Philadelphia, PA 19107

**CREDIT CARD:** I hereby authorize use of my:  Visa  MasterCard  American Express    Amount \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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**If you need more information or have special needs, please contact the Office of CPD at 215-955-6992.**

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