

**Register Now!**

**Geriatrics and Palliative Care Symposium**

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

**Friday, April 5, 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.

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: Wednesday, April 3, 2019\***

Profession/ Affiliation	Early Bird Rate (Before March 1, 2019)	Regular Rate
Practicing Physician	<input type="checkbox"/> \$110	<input type="checkbox"/> \$125
Nurse and Allied Health Professional	<input type="checkbox"/> \$75	<input type="checkbox"/> \$90
Other Professional	<input type="checkbox"/> \$75	<input type="checkbox"/> \$90
Non-Jefferson Residents, Fellows and Medical Students	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
Jefferson Health Faculty and Staff	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75
Jefferson Health Residents, Fellows and Medical Students	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0

**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:** Geri & Palliative Care 2019 - 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  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.**

*⚡ If you have any special needs, please contact the CME Office by March 25, 2019 at 1-877-JEFF-CPD or 215-955-6992.*