



The Big in Big Data: Breakthrough Discoveries, Disease Disparities, and Precision Medicine Symposium

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

November 7-8, 2018

INSTRUCTIONS: Please complete this entire form and fax or mail to the Office of CME 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 more course information, visit 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: Monday, November 5, 2018*

Registration Rates
<input type="checkbox"/> Complimentary / Students - (Jefferson & Affiliates, Non-Jefferson)
<input type="checkbox"/> \$200 Faculty/Physicians/Other Health Professionals (Jefferson & Affiliates)
<input type="checkbox"/> \$300 Faculty/Physicians/Other Health Professionals (Non-Jefferson)
<input type="checkbox"/> \$400 Industry and Other Non-Academic

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: The Big Data Symp 2018 - 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 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 CME at 1-888-JEFF-CME or 215-955-6992

If you have any special needs, please contact the CME Office by October 31, 2018 at 1-888-JEFF-CME or 215-955-6992.