



Jefferson Thyroid Cancer and Parathyroid Disease Update 2019 Updates in Diagnosis and Treatment

Jefferson Alumni Hall, 1020 Locust Street, Philadelphia, PA 19107

Friday, November 8, 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 Jefferson Campus Key

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: October 25, 2019*

<input type="checkbox"/> \$175 Practicing Physicians	<input type="checkbox"/> \$90 Allied Health Professionals/Others
<input type="checkbox"/> \$50 Sidney Kimmel Cancer Network Member and Jefferson Otolaryngology Network Members	
<input type="checkbox"/> \$50 Jefferson Health Faculty and Staff (Center City Campus, Methodist, Abington, Aria, Kennedy, Magee)	<input type="checkbox"/> \$0 Jefferson Resident or Fellow

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 CPD. Do not send cash.

Mail to: Thyroid Cancer 2019 - 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 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 September 20, 2019 at 1-877-JEFF-CPD or 215-955-6992.