



Jefferson Center for Interprofessional Practice and Education Interprofessional Care for the 21st Century

Dorrance H. Hamilton Building, 1001 Locust St., Philadelphia, PA 19107

October 26 - 27, 2018

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 or to register online, please access the CPD@JeffLEARN webpage at <https://cme.jefferson.edu/content/jcipe2018>

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: October 22, 2018*

**Onsite registrations will be accepted. Please note the onsite registration fee will increase by \$50 for each of the categories indicated.*

Optional PreConference Workshop Registration (Friday, Oct 26)	Before September 30, 2018	After September 30, 2018
Preconference Workshop(s) at Additional Fee	\$75 for 1; \$100 for 2	\$125 for 1; \$150 for 2
SELECT WORKSHOPS:	<input type="checkbox"/> Hotspotting (9AM - 12PM) <input type="checkbox"/> Transformational Leadership (9AM - 12PM) <input type="checkbox"/> TeamSAFE (1PM - 4PM) <input type="checkbox"/> Narrative Medicine (1PM - 4PM) *SOLD OUT*	

Conference Registration	Before September 30, 2018	After September 30, 2018
<i>Please circle appropriate fee(s) below:</i>		
Basic Registration	\$325	\$375*
Jefferson Affiliates, Faculty and Staff	\$125	\$175*
Jefferson Student	Free	Free
Non-Jefferson Student	\$25	\$25

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: JCIPE 2018 - Office of CME; 1020 Locust Street, Suite M-5; Philadelphia, PA 19107

Check is enclosed. Check Number: _____



Jefferson

Philadelphia University +
Thomas Jefferson University

Credit Card: If paying by credit card, we suggest you register online (cme.jefferson.edu/content/jcipe2018).
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 22, 2018 at 1-888-JEFF-CME or 215-955-6992.](#)