

3rd Annual Jefferson Sialendoscopy Course
Jefferson Alumni Hall * 1020 Locust Street * Philadelphia, PA 19107
Thursday, October 24, 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 21, 2019

Lecture & Hands-on Lab	Lecture Only
<input type="checkbox"/> \$675.00USD Practicing Physician, Nurse or Allied Health	<input type="checkbox"/> \$225.00USD Practicing Physician, Nurse or Allied Health
<input type="checkbox"/> \$325.00USD Resident/Fellow	<input type="checkbox"/> \$100.00USD Resident/Fellow

TO REGISTER PLEASE USE ONE OF THE FOLLOWING OPTIONS, BASED ON PAYMENT METHOD.
REGISTRATION WILL **NOT** BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED.

CHECK: Please make check payable to SKMC at TJU, Office of CME. Do not send cash.

Mail to: 3rd Annual Jefferson Sialendoscopy Course - 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: _____ Exp Date: _____

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 21, 2019 at 1-877-JEFF-CPD or 215-955-6992.