

17TH ANNUAL THOMAS JEFFERSON UNIVERSITY SPINE FELLOWS ALUMNI SYMPOSIUM

The Hotel Viking in Newport, Rhode Island

GROUP DINNER RSVP

[DUE NO LATER THAN JUNE 2, 2017!](#)

Group Dinner – RSVP Required

A group clambake dinner is scheduled to take place on **Friday, July 14, 2017** from **6:00PM – 9:00PM** in the Courtyard at the Hotel Viking.

Faculty/Presenter Name: _____

There is [no cost to speakers to attend](#); however, [additional guest\(s\) will require a fee to attend](#). If you are bringing a guest, the additional costs are as follows (*please also provide the number of guests in each age group*):

- _____ *Yes! I will be attending the dinner with no guests*
- _____ *No, I am not able to attend the dinner*
- _____ *Yes! I will be attending the dinner with the following additional guests:*
 - **Adults 18+:** _____ x \$125.00 = _____
 - **Guests 17 and younger:** _____ x \$75.00 = _____

[Please forward the completed form along with payment \(if applicable\) to the Office of CME using one of the following options:](#)

Fax/Email: You may fax this form with credit card payment to 215-923-3212 or email to Patricia.Shaughnessy@jefferson.edu

Payment:

I hereby authorized use of my:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	TOTAL AMOUNT TO BE CHARGED \$ _____
Account Number:	Expiration Date:		
Cardholder's Name:	Signature:		
Billing Address: (Street, City, State, Zip)			

Please feel free to contact Patti Shaughnessy at the Office of CME with any questions either by phone at 215-955-2490 or email at Patricia.Shaughnessy@jefferson.edu