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Register Now!

2nd Annual Philadelphia Spine Summit

On the campuses of Thomas Jefferson University and University of Pennsylvania

Friday, May 20, 2016 - Saturday, May 21, 2016

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	
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: May 18, 2016*

<input type="checkbox"/> \$175 Didactic Presentations Friday, May 20, 2016	<input type="checkbox"/> \$350 Cadaver Laboratory Saturday, May 21, 2016	<input type="checkbox"/> \$450 Both Days
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Optional Dinner - Friday, May 20, 2016: Would you be interested in attending a group dinner on Friday, May 20, 2016 after the conference? Please respond:

Yes No

(If there is enough interest, dinner will be confirmed and additional details will be available on the course website)

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: Spine Summit 2016 - 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 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 May 13, 2016 at 1-888-JEFF-CME or 215-955-6992.