Jefferson
Philadelphia University + Thomas Jefferson University

18th Annual Cerebrovascular Update: Pushing the Limits of Stroke Care

The Bellevue Hotel * 200 South Broad Street* Philadelphia, PA 19102

March 14-15, 2019

INSTRUCTIONS: Please complete this entire form and send it to the Office of CPD along with payment. If you do not have an account set up in our CPD@JeffLEARN learning management system, a profile will be set up for you. An email will be sent to you with additional instructions on how to access your account.

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

Profession/Affiliation	BEFORE February 22nd	AFTER February 22nd
Practicing Physician	☐ **$245**	☐ **$295**
Nurse or Allied Health Professionals	☐ **$210**	☐ **$260**
Jefferson Neuroscience Network Affiliates (see website for applicable institutions) ***CLICK HERE TO VIEW LIST***		
Practicing Physicians ☐ **$190**	Nurse or Allied Health Professionals ☐ **$160**	
Jefferson Health (Abington, Aria, Kennedy, & Magee Rehabilitation) Staff and Employees ☐ **$95**		
EMS/Pre-hospital Professionals ☐ **$160**		

We do not accept cash. Please use one of the following payment options. Registration will not be processed unless full payment is received.

CHECK: □ Check is enclosed. Check Number: _____ Amount $_____

Please make check payable to Sidney Kimmel Medical College at Thomas Jefferson University, Office of CPD.
Mail to: Office of CPD; 1020 Locust Street, Suite M-5; Philadelphia, PA 19107

CREDIT CARD: 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): _____

If you need more information or have special needs, please contact the Office of CPD at 215-955-6992.

□ *Opt out of upcoming events mailing lists.*