Jefferson
Philadelphia University + Thomas Jefferson University

Register Now!

Inaugural Jefferson Women and Gastroenterology Health Symposium

Jefferson Alumni Hall* 1020 Locust Street* Philadelphia, PA 19107

Friday, February 22, 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

_____

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: February 20, 2019*

□ **$150** Practicing Physician	□ **$110** Nurse/Allied Health Professional
□ **$100** Jefferson Health Physician or Digestive Disease Institute Network Member*	□ **$60** Jefferson Health Nurse/Allied Health Professional*
□ **$0** Resident/Fellow	

Subject to verification.

***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 CPD**. Do not send cash.
Mail to: **Women and GI 2019** - Office of CPD; 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: □ American Express □ 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 February 15, 2019 at 1-888-JEFF-CME or 215-955-6992.