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Hotel Accommodations Form

ACTIVITY NAME/DATE: _____

SPEAKER NAME (please print): _____

As a Jefferson CME speaker, a hotel room can be reserved on your behalf. The hotel will be determined by the Office of CME. Please complete the below and submit it to the Office of CME either via email at jeffersoncme@jefferson.edu or via fax at 215-923-3212. Confirmation and Hotel information will be emailed to you prior to the conference.

Arrival Date: _____ Departure Date: _____

Room Type Preference (please choose one): King Double/Double

Please list any special needs you may have (*Crib, Roll Away, Refrigerator, etc*):

Questions?

Please Contact: SKMC Office of CME at 215-955-6992 (email: jeffersoncme@jefferson.edu)