Baptist Health South Florida
Continuing Medical Education

Primary Focus Symposium - 13th Annual

Symposium Registration

Friday - Sunday, June 27-29, 2014

Marco Island Marriott Beach Resort, Marco Island, Florida

Please register by Friday, June 13, 2014.

_____

Name *(Please print!)*

_____

Degree: ☐ M.D. ☐ D.O. ☐ Ph.D. ☐ P.A. ☐ ARNP ☐ R.N. ☐ Pharm.D. ☐ R.N. ☐ Other_____

_____

Institution Affiliation

_____

Mailing Address City/State/Zip

_____

Daytime Telephone Email Address

_____

License Number *(Required for Florida Healthcare Professionals)*

Symposium Fees:* Please check all that apply.

☐ Physicians** – $379 ☐ Other Healthcare Professionals – $195

☐ Baptist Health Employee – $95 ☐ Physicians in training*** – $195

Symposium fee includes Friday Reception, Continental Breakfast and Break on Saturday and Sunday and Lunch on Saturday. Please indicate additional guests under **Event Reservation and Pricing below.*

*** Group discount available for doctors when three or more register together as a group by June 13. Add-ons will not be accepted. Call for details. (786-596-2398)*

****Registration must be accompanied by a letter form the Fellowship/Residency Director.*

Event Reservation and Pricing ■ Please indicate all of the events you plan to attend and the number of people attending. Space is limited and available on a first-come, first-served basis. Please send payment for tickets with your registration fee. Reservations must be made in advance. No reservations can be accepted on the day of the event.

Friday Evening Welcome Reception *(Light Reception. One Beverage of choice included)*

Paid Registrant *no charge*

Number of Additional Adult(s) _____@$15 each = $_____

Number of Children *(12 & under)* _____@$10 each = $_____

Total payment for Friday Welcome Reception tickets $_____

Saturday Luncheon

Paid Registrant *no charge*

Number of Additional Adults _____@$15 each = $_____

Number of Children *(12 & under)* _____@$10 each = $_____

Total payment for Saturday Poolside Lunch tickets $_____

Payment Summary

Friday Welcome Reception $_____ + Saturday Luncheon $_____ + Registration fee $_____ **= Total $**_____

Method of Payment

Credit Card: For credit card payment, please process your registration online: **PrimaryFocus.BaptistHealth.net**

Check: Mail registration with check to **Baptist Health CME Department, 8900 North Kendall Drive, Miami, Florida 33176-2197**

■ We regret that registrations cannot be accepted by telephone. ■ Registrations will be processed and confirmed when full payment is made. ■ Confirmations will be sent via email for registrations received by June 13.

How did you hear about this symposium?

❑Mail ❑Email ❑Previous Attendee ❑Internet/specify site_____ ❑ Other _____

☐ In consideration of the Americans with Disabilities Act, please check here if you require special services, and we will contact you to determine your specific requirements. Please submit this form by June 13.

Contact Us ■ Baptist Health CME Department at 786-596-2398 or **CME@BaptistHealth.net.**