Cleveland Clinic
Digestive Disease Institute

TO REGISTER ONLINE PLEASE VISIT US AT
www.ClevelandClinicFloridaCME.org

Prefix: DR. MR. MRS. MS. | **Suffix:** DO MD PhD RN PA Other_____
(please circle appropriate)

Please print your name clearly. This is how it will appear on your badge.

First Name:

Last Name:

Organization/Institution:

Street Address: **Specialty:**

City, State, Postal Code:

Country: **Area code + Fax**

Area code + Phone: **Lic # (required for nurses):**

Email:

3rd Annual Gastroenterology & Hepatology Symposium — *February 13-15, 2014*

Registration Fee *includes Capule Endoscopy Course, Hands on Course, Dinner Symposium, Continental Breakfasts, Lunch, Breaks, & Electronic Syllabus (USB Drive)*

To receive discounted rates, please submit completed registration form by dates listed	*Early Bird Fee (Thru Dec 6th)*	*Standard Fee (After Dec 6th)*	*Late/Onsite Fee (After Jan 24th)*
Physician	☐ $370	☐ $410	☐ $455
Alumnus: Trained at Cleveland Clinic for a minimum of 3 months Please enter your training dates (mm/yy): Start____/____ End____/____	☐ $355	☐ $390	☐ $430
Resident/Fellow: *Letter of residency status required. Include with registration form.*	☐ $320	☐ $355	☐ $395
Nurse/Allied Health Professional/Physician Assistant *(Please circle one)*	☐ $265	☐ $290	☐ $320

Please select your credit type: _____ AMA PRA Category 1 Credit™ _____CEU

OPTIONAL SESSIONS /PROGRAMS/MATERIALS

Nurses Symposium ONLY (Thu, Feb 13)	☐ $80	Includes Hands-on Course & Dinner
Capsule Endoscopy Course (Thu, Feb 13)	☐ $0	Included in Full Registration Fee
Nurses Symposium *w/full course registration* **(Thu, Feb 13)**	☐ $0	
Hands-on Course (Thu, Feb 13)	☐ $0	Included in Full Registration Fee
Dinner Symposium - Barrett's Esophagus (Thu, Feb 13)	☐ $0	Included in Full Registration Fee
Additional USB Syllabus *(1 provided with registration fee)*	☐ $60	
Syllabus Book *(printed copy)*	☐ $75	

HOTEL ACCOMODATIONS

Hotel accommodations for the GI & Hepatology Symposium are located at Marriott's Harbor Beach, Fort Lauderdale, FL. The discounted group room rate is $339 plus 11% tax = $376.29 per night and is subject to availability. Your credit card will be charged for the room nights that you request below.

Hotel Arrival Date (mm/dd/yy): _____/_____/_____ **Hotel Departure Date** (mm/dd/yy): _____/_____/_____ **# room nights**: _____

REGISTRANT WITH A DISABILITY OR DIETARY RESTRICTION: *In accordance with the ADA, Cleveland Clinic Florida is committed to making this conference accessible to all individuals. If you require an auxillary aid or service please call 954-556-8866 or toll free at 855-353-8731.*

Payment Method:

☐ **CREDIT** **Total charge: $** **Name as it appears on card:**

Credit Card Type (circle one)	**Visa Discover MC AmEx**
Credit Card Number	**CC#:**
Exp Date	**EXP:**
Cardholder Signature (Charges will appear as CCFLORIDA-CME on your cc statement)	**Sign:**

☐ **CHECK** Make check payable to American Meetings, LLC & Reference "363" on check. Check must be in US Dollars & drawn on a US bank. Complete and return this registration form with the check, via mail to: American Meetings, 111 SW 6th St. Fort Lauderdale, FL 33301.

Terms & Conditions: Management, operators, employees and clients are absolved from liability for loss or damage to person or property. AMI, their respective clients and their representatives are hereby indemnified and held harmless from any and all liability or responsibility for any injury to employees, guests and visitors within the confines of the event. Course Registration Cancellation Policy: 75% of the Registration Fee is refundable up to four (4) weeks before the start date of the course. For any cancellation requests less than four (4) weeks prior to the start date of the course, a 75% credit will be posted to the following year for the same course. Hotel Cancellation Policy: 100% of the Hotel Fee is refundable up to four (4) weeks before the start date of the course. For any cancellation requests less than four (4) weeks prior to the start date of the course, the hotel fee is not refundable. Refunds or transfers for room reservations must be received before January 15, 2014. If you have any questions regarding your registration, please contact American Meetings toll-free at 855-353-8731 (Domestic United States) OR +1-954-556-8866 (International) or email (GI@americanmeetings.com). Charges will appear as CCFLORIDA-CME on your credit card statement. Cancellation Policy: All refunds or transfers must be requested in writing to American Meetings either by fax (954-337-2476) or e-mail (GI@americanmeetings.com). Any cancellations received after January 15, 2014. will be non-refundable.

Registration & Housing supported by American Meetings (AMI) **RETURN FAX 954-337-2476**