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Excellence in Breast Care for the Primary Care Practitioner

Cleveland Clinic Florida, Jagelman Conference Center, Weston, Florida

November 16, 2013

Registration Fee includes Continental Breakfast, Lunch, Breaks, & Electronic Syllabus (USB Drive)

		Fee
Physician	☐	\$235
Resident/Fellow: Letter of residency status required. Include with registration form.	☐	\$225
Nurse/Allied Health Professional/Physician Assistant (Please circle one)	☐	\$195
Medical or Nursing Student	☐	\$50

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OPTIONAL ADDITIONAL PURCHASES

Additional USB Syllabus (1 provided with registration fee)	☐	\$60
Syllabus Book (printed copy)	☐	\$75

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 auxiliary aid or service please call 954-556-8866 or toll free at 855-353-8731.

Payment Method:

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☐ CHECK Make check payable to American Meetings, LLC & Reference "376" 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.

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