Baptist Health South Florida
Continuing Medical Education

Symposium Registration Form
Cardiovascular Disease Prevention International Symposium
Twelfth Year
Fontainebleau Hotel, Miami Beach, Florida
February 6-9, 2014
Deadline: January 17, 2014

Name and Degree (Please Print Clearly!)

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

Institution Affiliation

Mailing Address

City/State/Zip

Telephone **Fax**

Email Address

License Number (*Required)*

Symposium Rates: *Please check all that apply*
❒ $449 – Physician & Psychologists*
❒ $225 – Other Healthcare Professionals**
❒ $130 – Baptist Health Employee**
❒ $225 – Physicians in Training***
Baptist Health Employee Daily Charges – Thursday $35 Friday $35 Saturday $35 Sunday $25
*Group discounts available for three or more **doctors** who register together as a group by Friday, January 17. No add-ons. Call for details.
____ *(Initial)* I have read and understand the **Terms Regarding Partial Credit in the Accreditation and Credits section.
***Registration must be accompanied by a letter from the Fellowship/Residency Director.

Method of Payment:
Online: **MiamiCVDPrevention.BaptistHealth.net**
Mail: Baptist Health CME Department, 8900 North Kendall Drive, Miami, Florida 33176-2197

Confirmations will be sent to acknowledge registrations received by **Friday, January 17, 2014**. Registrations will not be processed or confirmed without full payment.

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 Friday, January 17, 2014 for proper follow-up.

Information: Contact the Baptist Health CME Dept. at **786-596-2398** or **CME@BaptisHealth.net**.

SUBMIT