



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:

Surgery of the Foregut Symposium

February 15-19, 2014

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

To receive the standard rate, please submit completed registration form by date listed

Physician

Alumnus: Trained at Cleveland Clinic for a minimum of 3 months

Please enter your training dates (mm/yy): Start ____/____ End ____/____

Resident/Fellow: Letter of residency status required. Include with registration form.

Nurse/Allied Health Professional/Physician Assistant (Please circle one)

	Standard Fee (Until Jan 1st)	Late/Onsite Fee (After Jan 1st)
☐ Physician	\$880	\$970
☐ Alumnus	\$800	\$880
☐ Resident/Fellow	\$715	\$790
☐ Nurse/Allied Health Professional/Physician Assistant	\$470	\$520

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

OPTIONAL SESSIONS / PROGRAMS

New Frontiers in Fluorescent Guided Surgery: Postgraduate Course ONLY (Sat, Feb 15)	☐ \$500	☐ \$550
New Frontiers in Fluorescent Guided Surgery: Postgraduate Course with full course registration (Sat, Feb 15)	☐ \$0	☐ \$0
Live Surgery Day with full course registration (Wed, Feb 19)	☐ \$0	☐ \$0

HOTEL ACCOMODATIONS

Hotel accommodations for the Surgery of the Foregut Symposium are located at The Biltmore Hotel, Coral Gables, FL. The discounted group room rate (based on availability) is \$339 plus 13% tax = \$383.07 per night. Your credit card will be charged for the room nights that you request below.

Hotel Arrival Date: _____ Hotel Departure Date: _____ Total 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 auxiliary 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	Sign:			

(Charges will appear as CCFORIDA-CME on your cc statement)



CHECK

Make check payable to American Meetings, LLC & Reference "364" 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 13, 2014. If you have any questions regarding your registration, please contact American Meetings toll-free at 855-353-8731 (Domestic United States) OR +001-954-556-8866 (International) or email (Foregut@americanmeetings.com). Charges will appear as CCFORIDA-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 (Foregut@americanmeetings.com). Any cancellations received after January 13, 2014 will be non-refundable.

