Baptist Health South Florida
Continuing Medical Education

Symposium Registration

Emergency Radiology Symposium

15th Annual

November 15 – 18, 2015 ■ Fontainebleau Hotel, Miami Beach, Florida
Registration Deadline: **Monday, November 2, 2015**
EmRadMiami.BaptistHealth.net

_____
Name and Degree (Please Print!) **License Number**

_____
Institution Affiliation

_____
Mailing Address

_____
City/State/Zip

_____
Daytime Telephone **Email Address**

Symposium Rates *(Check all that apply.)*

		Physicians	Employees	Fellows in training, technologists and other healthcare professionals**
Full course fee		❑$750	❑$100	❑$295
Per day rates	Sunday:	❑$175	❑$25	❑$75
	Monday:	❑$225	❑$25	❑$85
	Tuesday:	❑$225	❑$25	❑$85
	Wednesday:	❑$175	❑$25	❑$75

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

Method of Payment
Credit Card: **EmRadMiami.BaptistHealth.net**
Check: Mail registration form with check to Baptist Health CME Department, 8900 North Kendall Drive, Miami, FL 33176-2197

■We regret that registrations cannot be accepted by telephone. ■Registrations will be processes and confirmed when full payment is made. ■Confirmations will be sent via email for registrations received by November 2.

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 November 2 for proper follow-up.

For assistance ■ Baptist Health CME Department ■ CME@BaptistHealth.net ■ **786-596-2398**