Symposium Registration Form

29th Annual Sanford H. Cole, M.D., Memorial Ob/Gyn Symposium
Friday, January 30, 2015 ■ Miami Marriott Dadeland Hotel
Register Online at BaptistHealth.net/CME

Please complete this form only if paying by **check;** if paying by **credit card, please register online.** We regret that we **cannot accept credit card registrations by telephone. If registering online, please do not mail.**

Registration Fees:
Please check one:

- ☐ Physicians – $95
- ☐ Nurses and Allied Health Professionals –$55
- ☐ Baptist Health Employees – $35
- ☐ Residents and Students* – $35
- ☐ BHMG Physicians- $35

*Registration must be accompanied by a letter from the fellowship/residency director.

Name *(Please print!)*

Degree: ☐ M.D. ☐ D.O. ☐ Psy.D. ☐ Ph.D. ☐ Ph.D. ☐ P.A. ☐ ARNP ☐ R.N. ☐ Pharm.D. ☐ R.D. ☐ Other _____

Institution Affiliation

Mailing Address City/State/Zip

Email Address Telephone

License Number *(Required for crediting.)*

☐ 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 two weeks prior to the conference

Make check payable to Baptist Health Continuing Medical Education.
Return completed form with check enclosed to:
Baptist Health South Florida
Continuing Medical Education Department
8900 North Kendall Drive
Miami, Florida 3176-2197

How did you hear about this conference?
☐ Mail (Postcard) ☐ Email ☐ Internet ☐ Facebook ☐ Twitter ☐LinkedIn ☐ Poster ☐Digital Signage ☐DCMA/BCMA Advertisement ☐ Other_____

Information: For additional information, please call the Baptist Health Continuing Medical Education Department at **786-596-2398**, or email us at CME@BaptistHealth.net.

Cancellations: Cancellations must be received by **January 16** to receive a refund of the registration fee, less a $25 administrative fee. Cancellations postmarked after **January 16** will forfeit the registration fee.