



Baptist Health South Florida

Continuing Medical Education

Primary Care Focus Symposium Fourteenth Annual

Symposium Registration

Friday - Sunday, July 24-26, 2015

The Ritz-Carlton, Naples

Florida

Please register by Friday, July 17, 2015.

Name (Please print!)

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

Institution Affiliation

Mailing Address

City/State/Zip

Daytime Telephone

Email Address

License Number (Required)

Symposium Fees:* Please check all that apply.

☐ Physicians** – \$379 ☐ Other Healthcare Professionals – \$195

☐ Baptist Health Employee – \$95 ☐ Physicians in training*** – \$195

*Symposium fee includes Friday Reception, Continental Breakfast and Break on Saturday and Sunday and Lunch on Saturday. Please indicate additional guests under **Event Reservation and Pricing** below.

** Group discount available for doctors when three or more register together as a group by July 17. Add-ons will not be accepted. Call for details. (786-596-2398)

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

Event Reservation and Pricing ■ Please indicate all of the events you plan to attend and the number of people attending. Space is limited and available on a first-come, first-served basis. Please send payment for tickets with your registration fee. Reservations must be made in advance. No reservations can be accepted on the day of the event.

Friday Evening Welcome Reception (Light Reception. One Beverage of choice included)

Paid Registrant *no charge*

Number of Additional Adult(s) _____ @ \$15 each = \$ _____

Number of Children (12 & under) _____ @ \$10 each = \$ _____

Total payment for Friday Welcome Reception tickets \$ _____

Saturday Luncheon

Paid Registrant *no charge*

Number of Additional Adults _____ @ \$15 each = \$ _____

Number of Children (12 & under) _____ @ \$10 each = \$ _____

Total payment for Saturday Poolside Lunch tickets \$ _____

Payment Summary

Friday Welcome Reception \$ _____ + Saturday Luncheon \$ _____ + Registration fee \$ _____ = **Total \$** _____

Method of Payment

Credit Card: PrimaryCareFocus.BaptistHealth.net

Check: Mail registration with check to **Baptist Health CME Department, 8900 North Kendall Drive, Miami, Florida 33176-2197**

■ We regret that registrations cannot be accepted by telephone. ■ Registrations will be processed and confirmed when full payment is made. ■ Confirmations will be sent via email for registrations received by July 17.

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 July 17.

Information: Contact Us ■ Baptist Health CME Department at 786-596-2398 or **CME@BaptistHealth.net**.