CONTINUING EDUCATION COMPANY

21st ANNUAL HYPERTENSION, DIABETES AND DYSLIPIDEMIA CONFERENCE June 23-25, 2017/ Hyatt Place-Hyatt House/ Charleston, SC

Registration Form (FAX: TO 516-539-3555)

FIRST NAME: _____

LAST NAME: _____

ATTENDEE'S EMAIL: _____

ADMINISTRATOR'S EMAIL: _____

PRACTICE/ORGANIZATION NAME: _____

CELL PHONE: _____

WORK PHONE: _____

ADDRESS: _____

CITY: _____ **STATE/PROVINCE:** _____ **POSTAL CODE:** _____

COUNTRY: _____

Specialty: _____

Years Practicing: _____ **Title: MD/DO/NP/PA/Other:**_____

Patient Population: ☐ General (all ages/both genders) ☐ Children ☐ Young Adults/ Adolescents
☐ Adult Men & Women ☐ Adult Men ☐ Adult Women ☐ Elderly ☐ Other_____

How did you hear about this conference: _____

Do you practice in a rural area? ☐ Yes ☐ No

Fees:

21st ANNUAL HYPERTENSION, DIABETES AND DYSLIPIDEMIA CONFERENCE

☐ $585.00 – Physicians… ☐ Add $100 for conference recordings.
☐ $525.00 – Other*…… ☐ Add $100 for conference recordings.
☐ $525.00 – WEBCAST**

Combo Option ($135 Discount):
HYPERTENSION, DIABETES AND DYSLIPIDEMIA CONFERENCE & 25TH ANNUAL PRIMARY CARE CONFERENCE (June 26-30, 2017)

☐ $1145.00 – Physicians … ☐ Add $100 for conference recordings.
☐ $1000.00 – Other*…… ☐ Add $100 for conference recordings.

* NP, PA, residents and other healthcare professionals ** Webcast available for those unable to travel to location and MUST be viewed live.

PAYMENT METHOD:

☐ **Credit Card (VISA or MASTERCARD ONLY)**

Card Number: _____
Name on Card: _____
Expiration Date: _____ Security # (on back of card): _____
Billing Address (If different from above): _____

☐ **Check (Make payable to *Continuing Education Company, Inc.***
Mail to: Continuing Education Company, Inc.
250 Palm Coast Pkwy NE, Suite 607-152, Palm Coast, FL 32137