

EASTERN SHORE MEDICAL SYMPOSIUM

REGISTRATION FORM

June 18–22, 2018

Return to: EASTERN SHORE MEDICAL SYMPOSIUM
University of Delaware, Division of Professional and Continuing Studies
501 South College Avenue, Newark, DE 19716-7410
Attn: Registrar
Phone: 302-831-7600, Fax 302-831-0701

Rehoboth Beach Convention Center
Rehoboth Beach, DE

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

Name _____ Degree _____

Email address _____

Specialty _____

Address ☐ Home ☐ Business _____

City _____ State _____ Zip _____

Telephone (home) _____ (business) _____

Years in practice _____ If Jefferson graduate, year graduated _____

How did you hear about this symposium?

- | | | | |
|-----------------------------------|---|---|--|
| ☐ Postcard | ☐ Delaware Medical Society Journal | ☐ CMEplanner.com | ☐ Web search |
| ☐ Brochure | ☐ Physicians' Travel & Meeting Guide | ☐ Email | ☐ Word of mouth |

I would like to register for the following workshops:

Tuesday, June 19, 7–7:50 a.m.

- ☐ Pediatric Immunization
☐ Musculoskeletal Workshop
☐ Transition in Care

Wednesday, June 20, 7–7:50 a.m.

- ☐ Information Access for Family Practitioners in the Digital Age
☐ Medical Marijuana
☐ Contraception

Symposium Registration Fee—Full payment is due with registration.

The registration fee includes course materials on a flash drive and online, certificates of attendance, and daily continental breakfast.

- | | |
|--|---|
| ☐ \$795 Physicians and faculty | ☐ \$695 Nurses (professional, practitioner, case manager) and physician assistants |
| ☐ \$755 Retired physicians | ☐ \$520 Resident rate (letter from program director must be included) |
| ☐ \$695 Previous participant bringing a first-time participant
(first-time participant's name _____) | |

Enclosed is my check for \$_____ made payable to the University of Delaware.

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic funds transfer from your account or to process the account as a check transaction.

Please charge \$_____ to my ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card No. _____ Exp. Date _____ Security code (on back of card) _____

Authorized Signature _____

Registration is limited, and honored in the order of the date received.