CONTINUING EDUCATION COMPANY

7th ANNUAL ESSENTIALS IN PRIMARY CARE FALL CONFERENCE
At The Hawks Cay Resort in Duck Key, Florida
Registration Form (FAX: TO 516-539-3555)

Please indicate which session you will be attending: ☐ **Session 1: October 31- Nov. 4, 2016** ☐ **Session 2: November 7-11, 2016**

FIRST NAME: _____

LAST NAME: _____

ATTENDEE'S EMAIL: _____

ADMINISTRATOR'S EMAIL: _____

PRACTICE/ORGANIZATION NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL 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

TUITION:

☐ **$695.00 Physician**
☐ **$610.00 Residents, NP, PA and other allied healthcare professionals**
☐ **$100.00 *Add a Conference Recording*** *(to be made available after the conference)*

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.***
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