CCR 2016 Registration

CONGRESS OF CLINICAL RHEUMATOLOGY May 12 - May 15, 2016

If you prefer to register through mail or through fax, please fill out the form below. Please FAX or MAIL THIS PAGE WITH YOUR CREDIT CARD NUMBER and EXPIRATION DATE OR make CHECKS payable to A & R Educational Group, LLC and place "Congress of Clinical Rheumatology" in the memo field. If using FAX, add your credit card number and expiration date to the form.

A&R Educational Group, LLC. 6225 Cahaba Valley Road,Birmingham, AL 35242,
Phone: (205)991-8996, Fax: (205)991-9911

REMEMBER to BOOK YOUR ROOM DIRECTLY WITH THE HOTEL.

Symposium Fees	**On or before 5/12/16**	**After 5/12/16**
CCR Physicians Registration Fee	$480	$560
CCR Physician DAY Registration	$190/day	$190/day
CCR AHP Registration Fee	$425	$475
CCR Rheumatology AHP DAY Registration	$160/day	$160/day
Retired Physicians	$275	$325
Physicians in Training: For Residents & Fellows ONLY. Written letter from program director is required. ***Registration Fee is waived if attending NYRIF and submitting an abstract**	$225*	$225*
Golf Tournament fee - Registrant Saturday afternoon, Baytown, includes Green Fees	$125	$125
Advances in Pain Care Wednesday May 11, 2016	$200	$225
NYRIF Registered Observer Wednesday May 11, 2016	$100	$100
Banquet Saturday Night – Fee included in Registration (Circle One: Surf and Turf / Vegetarian) Children's plates available upon request. Max 2 per registrant, 1 hr of CME, Must be registered to attend	☐ Attending (Included in registration fee)	☐ Not Attending
Banquet Saturday Night - Spouse / Guest (Circle One: Surf and Turf / Vegetarian)	☐ Attending (Included in registration fee)	☐ Not Attending
Total		

There will be a $25 surcharge for registrations received on site.
Refund Policy: There will be $50 administration fee for refunds prior to 5/8/16 and a $100 fee for refunds requested on or after 5/8/16. No refunds will be issued after May 11, 2016.
Cancellation Policy: A&R Educational Group, LLC reserves the right to cancel this conference due to insufficient enrollment or unforeseen circumstances.

Name:_____ Degree:_____

Specialty:_____ NPI #:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Payment by: ☐ Check ☐ Credit Card ☐ Other: _____

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Credit Card Authorization

Please **FAX** or **E-MAIL** this page to the numbers below after filling in all information!

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Phone: (205)991-8996, Fax: (205)991-9911
E-Mail: admin@ccrheumatology.com

Credit Card Number: _____ Exp. Date: ____/____ CVV: _____

Name as it appears: _____

Billing Address: _____

Billing Zip Code: _____

A&R Educational Group is hereby authorized to accept orders from my/our business, charge the cost this/these order(s) to the above credit card account.

By signing this document, I/we accept full responsibility for these transactions and ensure full payment to A&R Educational Group. I will inform A&R Educational Group immediately if use of the card is no longer authorized.

I hereby authorize A&R Educational Group to use this credit card account for the following charge:

Charge Description: _____
_____
(Please list registrants name if paying for event registrations)

Charge Total: $_____
(Please write the total amount to be charged, multiple registrations may be combined into a single charge)

Signature: _____