CONTINUING EDUCATION COMPANY

**The National Hospitalist Conference**
**September 8-10, 2017/ El Dorado Hotel & Spa,**
**Santa Fe, NM**

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

**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

**Fees:**

**Cardiometabolic Health Conference**
☐ $695.00 - Physicians ☐ $610.00 - Residents and other healthcare professionals
☐ $100.00 - Conference Recording

**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 32137-8224***