CONTINUING EDUCATION COMPANY

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

17th Annual Conference on Hypertension, Diabetes, and Dyslipidemia
Charleston, South Carolina

First Name: _____ **Last Name:** _____

Email: _____ **Practice Name**: _____

Tel (Home/Cel): _____ **Tel (Office):** _____

Title (MD, DO,NP, PA, Other):_____

Address: _____

City, St, Zip: _____

Specialty: _____ **Years Practicing**:_____

Patient Population (Gen/ Children/ Men/ Women/ Both/ Elderly, Etc):_____

How did you hear about us? _____

Fees:
17th Annual Conference on Hypertension, Diabetes and Dyslipidemia Only

☐ $585.00 - Physicians ☐ $525.00 - Residents and other healthcare professionals

Combo (Hypertension Conference and 21st Annual Primary Care Conference (Kiawah/ July 1-5)

☐ $1145.00 - Physicians ☐ $1000.00 - Others

One Day Tuition (21st Annual Primary Care Conference (Kiawah)

☐ $175.00-Physicians ☐ $150.00- Others # of Days_____

PAYMENT METHOD:

___ CREDIT CARD (Visa/Mastercard): Card #_____

Name on Card:_____

Billing Address (If different):_____

_____

Expiration Date_____ Security # (on back of card) _____

___ CHECK

Mail: Continuing Education Company, Inc.
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Palm Coast, FL 321

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