CONTINUING EDUCATION COMPANY

4th ANNUAL ESSENTIALS IN PRIMARY CARE SUMMER CONFERENCE

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

Please indicate which session you will be attending:

◯ **Session 1: July 22-26, 2013 – Hammock Beach Resort/ Palm Coast, FL**

◯ **Session 2: July 29 – August 2, 2013 – Kiawah Island Golf Resort, Kiawah Island, SC**

FIRST NAME: _____

LAST NAME: _____

EMAIL: _____
(Required for confirmation, updates, etc. This will be kept confidential)

ORGANIZATION/ COMPANY: _____

TEL (Cell or Home): _____ **TEL (Work):** _____

TITLE: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ **STATE/Province:** _____ **POSTAL CODE:** _____

COUNTRY: _____

SPECIALTY: _____

Years Practicing: _____

Patient Population: __**General/** __**Children/** __**Adult Men/** __**Adult Women/** __**Elderly**

How did you hear about this conference: _____

Fees: ☐ **$685.00 - Physicians**

☐ **$585.00 - Residents and other healthcare professionals**

PAYMENT METHOD:

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

Expiration Date_____ Security # (on back of card) _____

___ CHECK

Mail: Continuing Education Company, Inc.
138 Palm Coast Pkwy, NE
Suite 152
Palm Coast, FL 32137-8241

Make Checks Payable to:
Continuing Education Company, Inc.

FAX: TO 516-539-3555