



Cleveland Clinic

Department of Infectious Disease
Medicine Institute

HIV for Primary Care

Friday, October 11, 2013

Cleveland Clinic Administrative Campus, 3050 Science Park Drive, Building 3
Beachwood, Ohio

TO REGISTER, VISIT ccfcme.org/HIVPC



**Primary Care
Specialist**

**HIV
Patient**

**HIV
Specialist**

Did you know HIV patients have...
increased risk of cardiac disease?
elevated lipids?
higher risk for malignancies?

Registration Form

HIV for Primary Care

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Two Ways to Register



ONLINE

ccfcme.org/HIVPC

Cleveland Clinic and Cleveland Clinic
Health System employee fees and
registration are available online only.



BY MAIL

The Cleveland Clinic Educational Foundation
PO Box 931653, Cleveland, OH 44193-1082

Make check payable:

[The Cleveland Clinic Educational Foundation](#)

Total check amount enclosed: \$ _____

Please Print Complete the information below if registering by mail.

First Name: MI: Last Name: Degree:

Institution Name:

Address:

City: State: Zip:

Phone Number: Fax Number:

Email Address: Specialty:

Practice Type: ☐ Office-Based ☐ Hospital Staff ☐ Resident/Fellow ☐ Other

☐ I require a vegetarian meal.

Fees

Fee Includes: meeting materials, continental breakfast, lunch, and refreshment breaks.

	Payment received on or before 9/16/2013	Payment received after 9/16/2013
☐ Physician	\$50	\$75
☐ Corporate	\$50	\$75
☐ Resident/Fellow	\$50	\$75
☐ Nurse/Non-Physician	\$50	\$75
☐ Allied Health Professionals	\$50	\$75
☐ Student	\$50	\$75

For registration questions, please email cmeregistration@ccf.org or call 216.448.0777

Cleveland Clinic recognizes the importance of protecting the privacy and security of information provided to us. Therefore, we are no longer requesting credit card data in writing, including on registration forms or faxes. If you would like to register using a credit card, please log in to www.ccfcme.org/HIVPC or call 216.448.0777 where it will be handled directly by a certified processor.