Cleveland Clinic Florida

TO REGISTER ONLINE PLEASE VISIT US AT
www.ClevelandClinicFloridaCME.org

Prefix: DR. MR. MRS. MS. | **Suffix:** DO MD PhD RN PA Other_____
(please circle appropriate)

Please print your name clearly. This is how it will appear on your badge.

First Name:

Last Name:

Organization/Institution:

Street Address: **Specialty:**

City, State, Postal Code:

Country: **Area code + Fax**

Area code + Phone: **Lic # (required for nurses):**

Email:

Jagelman / Turnbull Annual International Colorectal Disease Symposium — ***February 12-15, 2014***

Registration Fee *includes Welcome Reception, Continental Breakfast, Lunch, Breaks, & Electronic Syllabus (USB Drive)*

To receive discounted rates, please submit completed registration form by dates listed	***Early Bird Fee (Thru Dec 1)***	***Standard Fee (After Dec 1)***	***Late/Onsite Fee (After Jan 26)***
Physician	☐ $900	☐ $995	☐ $1,095
Alumnus: Trained at Cleveland Clinic fork a minimum of 3 months Please enter your training dates (mm/yy): Start_____/_____ End_____/_____	☐ $770	☐ $855	☐ $945
Resident/Fellow: *Letter of residency status required. Include with registration form.*	☐ $650	☐ $720	☐ $795
Nurse/Allied Health Professional/Physician Assistant *(Please circle one)*	☐ $530	☐ $585	☐ $645

Please select your credit type: ☐ ***AMA PRA Category 1 Credit™*** ☐ ***CEU***

OPTIONAL SESSIONS /PROGRAMS

Live Surgery Day (February 11)	☐ $125
Scientific Paper Session - Observer (February 11)	☐ $0
Scientific Paper Session - Abstract Submission/Presenter (February 11)	☐ $50
Advanced Transanal Surgery Hands-on Workshop & Wet Lab (February 16)	☐ $400
Additional USB Syllabus *(1 provided with registration fee)*	☐ $60
Syllabus Book *(Printed copy not included with registration fee. Must be pre-ordered)*	☐ $75

HOTEL ACCOMODATIONS

Hotel accommodations for the Colorectal Symposium are located at Marriott's Harbor Beach, Fort Lauderdale, FL. The discounted group room rate is $339 plus 11% tax = $376.29 per night. Your credit card will be charged for the room nights that you request below.

Hotel Arrival Date: _____/_____/_____ **Hotel Departure Date:** _____/_____/_____ **Total room nights:** _____

REGISTRANT WITH A DISABILITY OR DIETARY RESTRICTION: *In accordance with the ADA, Cleveland Clinic Florida is committed to making this conference accessible to all individuals. If you require an auxillary aid or service please call 954-556-8866 or toll free at 855-353-8731.*

Payment Method:

☐ **CREDIT** **Total charge: $** **Name as it appears on card:**

Credit Card Type (circle one)	**Visa Discover MC AmEx**
Credit Card Number	**CC#:**
Exp Date	**EXP:**
Cardholder Signature (Charges will appear as CCFLORIDA-CME on your cc statement)	**Sign:**

☐ **CHECK** Make check payable to American Meetings, LLC & Reference "331" on check. Check must be in US Dollars & drawn on a US bank. Complete and return this registration form with the check, via mail to:
American Meetings, 111 SW 6th St. Fort Lauderdale, FL 33301.

Terms & Conditions: Management, operators, employees and clients are absolved from liability for loss or damage to person or property. AMI, their respective clients and their representatives are hereby indemnified and held harmless from any and all liability or responsibility for any injury to employees, guests and visitors within the confines of the event. Course Registration Cancellation Policy: 75% of the Registration Fee is refundable up to four (4) weeks before the start date of the course. For any cancellation requests less than four (4) weeks prior to the start date of the course, a 75% credit will be posted to the following year for the same course. Hotel Cancellation Policy: 100% of the Hotel Fee is refundable up to four (4) weeks before the start date of the course. For any cancellation requests less than four (4) weeks prior to the start date of the course, the hotel fee is not refundable. Refunds or transfers for room reservations must be received before January 13, 2014. If you have any questions regarding your registration, please contact American Meetings toll-free at 855-353-8731 (Domestic United States) OR +001-954-556-8866 (International) or email (ACDS@americanmeetings.com). Charges will appear as CCFLORIDA-CME on your credit card statement.

Cancellation Policy: All refunds or transfers must be requested in writing to American Meetings either by fax (954-337-2476) or e-mail (ACDS@americanmeetings.com). Any cancellations received after January 13, 2014 will be non-refundable.

Registration & Housing supported by American Meetings (AMI) RETURN FAX: 954-337-2476