6th ANNUAL PRIMARY CARE WINTER CONFERENCE
February 19-23, 2018

Sheraton Maui Resort

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:

☐ $725.00 - Physicians ☐ $650.00 - Residents and other healthcare professionals

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