

CONFERENCE REGISTRATION FORM

23rd Annual Hypertension, Diabetes and Dyslipidemia Conference

June 21-23, 2019

Hyatt House/Hyatt Place, Charleston, South Carolina

Complete this registration form and fax it to CEC at (516) 539-3555.

Alternatively, mail the completed form to Continuing Education Company at 250 Palm Coast Pkwy NE, Suite 607-152, Palm Coast, FL 32137.

Attendee Information

First Name _____ Last Name _____

Attendee's Email _____ Administrator's Email _____

Practice/Organization Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Street Address _____ City _____

State/Province _____ Postal Code _____ Country _____

Specialty _____

Years Practicing _____ Title (MD/DO/NP/PA/Other) _____

Patient Population (check the patient population that best matches your practice):

☐ 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

Payment Information

Fees:

Single Conference Option:

Charleston, SC (June 21-23, 2019)

☐ \$610.00 - Physicians ☐ \$585.00 - Residents and Other Healthcare Professionals

Combo Option (\$150.00 Discount):

27th Annual Primary Care, Kiawah Island, SC (June 24-28, 2019)

☐ \$1185.00 - Physicians ☐ \$1085.00 - Residents and Other Healthcare Professionals

Payment Method:

☐ Credit Card (VISA or MASTERCARD only)

Card Number _____ Name on Card _____

Expiration Date _____ Security Number (on back of card) _____

Billing Address (if different from above) _____

☐ Check (make payable to Continuing Education Company, Inc. and mail to 250 Palm Coast Pkwy NE, Suite 607-152, Palm Coast, Florida 32137)