

Cardiometabolic Health Conference
May 20-22, 2016/ Hotel Monteleone, New Orleans, Louisiana

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: Cardiometabolic Health Conference ☐ \$585.00 - Physicians ☐ \$525.00 - 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 <i>Continuing Education Company, Inc.</i> <i>Mail to: Continuing Education Company, Inc.</i> <i>250 Palm Coast Pkwy NE, Suite #607 - 152, Palm Coast, FL 32137-8224</i>
