Symposium Registration Form
Third Annual Foot and Ankle Symposium
For online registration, go to **MiamiFootandAnkle.BaptistHealth.net.**

Please complete this form only if paying by check; if paying by credit card, please register online. We regret that we cannot accept credit card registrations by telephone. If registering online, please do not mail.

Please make check payable to ***Baptist Health CME Department***. Registrations will be processed and confirmed when full payment is made.

Third Annual Foot and Ankle Symposium, Friday, September 18	
Physician	$135
Nurses & Allied Health Professionals	$115
Baptist Health Employees	$25
Students	$25
Residents**	$25
COMBINED REGISTRATION FEES **Third Annual Foot and Ankle Symposium, Friday, September 18** **&** **10th Annual Wound Care & Critical Limb Ischemia Symposium**	

Physician*	$315
Nurses & Allied Health Professionals*	$260
Baptist Health Employees	$60
Students	$60
Residents**	$60
** 10% discount.* ***Registration must be accompanied by a letter from the residency director.* *Discounts are available for groups of **three or more** registering **at the same time**. For group registration **only,** contact the CME Department at 786-596-2398 for additional details.*	

_____
Name

Titles: (*Check all that apply)* ☐M.D. ☐D.O. ☐DPM ☐R.N. ☐Student ☐Resident ☐Other_____

_____
License Number **Required* *Affiliation*

_____
Mailing Address City/State/Zip

_____
Daytime Telephone Email Address

Return this completed form with payment to:
Mail: Baptist Health South Florida, Continuing Medical Education Department
8900 North Kendall Drive, Miami, FL 33176-2197

How did you hear about this symposium? (Check all that apply)
☐ **Mail (Postcard)** ☐ **Previous Attendee** ☐ **Poster** ☐ **Email** ☐ **Social Media *(LinkedIn/Facebook/Twitter)***
Internet *Specify website:* _____ Other _____

☐ In consideration of the Americans with Disabilities Act, please check here if you require special services, and we will contact you to determine your specific requirements. Please submit this form two weeks prior to the symposium.

SUBMIT