Baptist Health South Florida
Continuing Medical Education

Echocardiography Symposium – 36th Annual
Friday-Saturday, October 27-28, 2017
Hilton Airport Hotel, Miami, Florida

Please register by Friday, October 20.

Symposium Registration

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Name and Degree (Please Print Clearly!)

Degree: □ M.D. □ D.O. □ Ph.D. □ P.A. □ ARNP □ R.N. □ Pharm.D. □ Respiratory □ Other_____

_____

Institution Affiliation

_____

Mailing Address **City/State/Zip**

_____

Telephone **Fax** **Email Address**

_____

License Number (*Required for Florida healthcare professionals)*

Symposium Fees:* Please check all that apply.

☐ Physicians** – $425 ☐ Other Healthcare Professionals – $225
☐ Baptist Health Employees – $60 ☐ Physicians in Training*** – $225

Symposium fee includes Continental Breakfast and Break on Friday and Saturday and Lunch on Friday.
*** Group discount available for doctors when three or more register together as a group by October 20. Add-ons will not be accepted. Call 786-596-2398 for details.*
****Registration must be accompanied by a letter from the Fellowship/Residency Director.*

Method of Payment
Credit Card: **MiamiEcho.BaptistHealth.net**
Check: Mail registration with check to **Baptist Health CME Department, 8900 North Kendall Drive, Miami, FL 33176-2197**

Confirmations will be sent to acknowledge registrations received by **Friday, October 16**. Registrations will not be processed or confirmed without full payment. Cancellation fee of $25 applies after October 20.

How did you hear about this symposium?
☐ Mail ☐ Email ☐ Previous Attendee ☐ Internet (specify site) _____ ☐ 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 by Friday, October 20, for proper follow-up.

Information: Contact the Baptist Health CME Department at **786-596-2398** or **CME@BaptistHealth.net**.