CONFERENCE REGISTRATION FORM

9th Annual Primary Care Fall Conference
October 14-18, 2019
Sheraton Maui Resort & Spa, Maui (Lahaina), Hawaii

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:

☐ $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 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)