



Baptist Health South Florida

Continuing Medical Education

Echocardiography Symposium – 37th Annual

Friday-Saturday, October 26-27 2018

Hilton Airport Hotel, Miami, Florida

Please register by Friday, October 19.

Symposium Registration

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 19*

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 Online: MiamiEcho.BaptistHealth.net

Mail a Check: Baptist Health CME Department,
8900 North Kendall Drive, Miami, FL 33176-2197

Confirmations will be sent to acknowledge registrations received by **Friday, October 19**. Registrations will not be processed or confirmed without full payment. Cancellation fee of \$25 applies after October 19.

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 19, for proper follow-up.

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