ATTENDEE REGISTRATION FORM

PROFILE

Name:

Designation(s): ❑MD ❑DO ❑PhD ❑NP ❑RN ❑RT ❑RT(R) ❑OTHER_____

Medical Center/Hospital/Institution:

Address:

City: State: Country:

Zip Code: Office Phone: Mobile Phone:

Primary E-mail: Secondary E-mail:

Visa Letter Required: ❑ Yes ❑ No *State(s) of Professional Licensure (optional): *License Number (optional):

Pursuant to the Americans with Disabilities Act, please specify any special services you require:

SPECIALTY/REGISTRATION TYPE

PHYSICIAN	NURSES, ALLIED HEALTH PROF.	FELLOW/RESIDENT/ STUDENT	INDUSTRY/OTHER
❑ Endocrinology	❑ Administrative Support Staff	❑ Endocrinology	❑ Administration
❑ Family Practice	❑ Licensed Practical Nurse	❑ Family Practice	❑ Engineer
❑ Internal Medicine	❑ Nurse Practitioner	❑ Internal Medicine	❑ Industry Professional
❑ Otolaryngology	❑ Physician Assistant	❑ Otolaryngology	❑ Sales
❑ Radiology	❑ Radiologic Technologist	❑ Radiology	❑ Scientist
❑ Surgery	❑ Registered Nurse	❑ Surgery	❑ Other: _____
❑ Other: _____	❑ Registered Vascular Tech.	❑ Other: _____	
	❑ Other: _____		

REGISTRATION FEES

	EARLY REGISTRATION *On or Before 10/10/2018*	REGULAR REGISTRATION after *10/10/2018*
Physician	$250	$350
Fellow/Resident/Student*	$150	$200
Nurse/Allied Health Professional	$150	$200
Industry/Other	$250	$350

* A letter from the program director on institutional letterhead (that confirms fellowship/residency status) is required in order to qualify for this rate. Please email this letter to registration@ccmcme.com, or fax the letter to (305) 279-8221.

DEMOGRAPHIC INFORMATION

What contributed most to your registration?

- ❑ Online Search/Conference Website
- ❑ Personal Recommendation/Invitation
- ❑ Mailed Postcard/Brochure
- ❑ Email Advertisement
- ❑ Journal Advertisement
- ❑ Online Advertisement
- ❑ Other _____

Age Group

- ❑ Under 30
- ❑ 30-40
- ❑ 41-50
- ❑ 51-60
- ❑ 61 and over

This educational activity provides training necessary for US licensed attendees to maintain state licensing requirements. The tuition for this educational activity is subsidized in part by unrestricted educational grants, including those attendees who have successfully completed the state licensing requirements for their respective fields. This subsidy is reflected in the registration fees for this activity.

OPTIONAL INTERACTIVE EXPERIENCES

(Available to all participants at the time of registration)

Friday, September 14 at 7:00 am - **Live Cases Observation**: ❑
Sunday, September 16 at 8:00 am - **Cadaver Lab (Advanced Endoscopy)**: ❑ $499
Sunday, September 16 at 12:45 pm - **Cadaver Lab (Endoscopic Thyroidectomy)**: ❑ $499
Monday, September 17 at 7:00 am - **Ultrasound & Laryngoscopy Observations**: ❑
Tuesday, September 18 at 7:00 am - **Live Cases Observation:** ❑

PAYMENT INSTRUCTIONS

1. **Check made payable to:** Complete Conference Management
2. **Mail form and check to:** Complete Conference Management, 8333 NW 53rd Street, #450, Doral, FL 33166.
3. **Registration confirmation:** Will be emailed sent by email from registration@ccmcme.com.

REGISTRATION POLICIES

For a complete list of registration policies, including cancellation deadlines, please visit www.surgicalsymposium.org.

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