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HEALTH IS ALL WE DO

Register Now!

6th Annual Navigating Spinal Care Symposium: Update on Spinal Trauma and Spinal Cord Injury Management

Friday, May 22, 2015

*Dorrance H. Hamilton Building * 1001 Locust Street, Philadelphia, PA 19107*

_____ ☐ Male ☐ Female

Last Name **First Name** **MI**

_____

Title (Dr, Mr, Ms.) **Personal Title (II, Jr)** **Degree** **Specialty**

_____

Affiliation/Organization **Mailing Address**

_____

City **State** **Zip**

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___ _____ _____ _____

Web ID (Please provide the last four digits of your Social Security Number as your Web ID. This will allow you to access your CME transcript at anytime after the course).

☐ **Please do not include me in upcoming events mailing lists.** **Are you a JMC Alum?** ☐Yes ☐No ***If yes, what year?*** _____

***How did you hear about this event?** _____

REGISTRATION FEES & DEADLINES

☐ **$125** Practicing Physician	☐ **$100** Nurse or Allied Health Professional

****All Jefferson Employees in JHN - Please call the Office of CME at 215-955-6992 to register***

Jefferson Spoke/Affiliate Hospitals Faculty/Staff/Employees - ONLY

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(Please Select One):

__ AtlantiCare RMC (*City, Mainland, and Hammonton*)
__ Brandywine Hospital
__ Bryn Mawr Hospital
__ Chestnut Hill Hospital
__ Doylestown Hospital
__ Holy Redeemer Hospital
__ Inspira Health System
__ Jennersville Regional Hospital
__ Kennedy Health System
(Cherry Hill, Stratford, Washington Twp)
__ Lankenau Hospital
__ Lower Bucks Hospital
__ Magee Rehabilitation
__ Mercy Health System
(Fitzgerald, Nazareth, Philadelphia, Suburban)
__ Medical Center at Princeton
__ Methodist Hospital
__ Paoli Memorial Hospital
__ Pocono Medical Center
__ Pottstown Memorial
__ Riddle Memorial Hospital
__ Robert Wood Johnson University Hospital (*Hamilton*)
__ Roxborough Memorial Hospital
__ Salem County Memorial Hospital
__ Shore Medical Hospital
__ Sidney Kimmel Cancer Network Members
__ St. Francis Medical Center
__ St. Mary Medical Center

♿ *If you have any special needs, please contact the CME Office by **May 8, 2015** at 1-888-JEFF-CME or 215-955-6992.*

PAYMENT: Please make check payable to **Sidney Kimmel Medical College at Thomas Jefferson University, Office of CME**, or provide Credit Card Information. Do not send cash. Registration will not be processed unless full payment is received.

☐ Check is enclosed. Check Number: _____ Amount $ _____

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