



## Group Registration

**Register Now!**  
*2012 Practical Emergency Airway Management Workshop*

COMPANY/INSTITUTION NAME \_\_\_\_\_

Main Contact Person Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone  Work  Home  Cell \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Group Registration Fee (minimum 10 people)**

\$1,345 Practicing Physicians (PP) Group Discount Rate

**Cancellation fees will apply. See <http://jeffline.jefferson.edu/jeffcme/Airway/> for cancellation process and fee information**

**Number of registrants:** \_\_\_\_\_ **TOTAL AMOUNT:** \$ \_\_\_\_\_

**YES, I have attached the required Registration Spreadsheet**

**All participants must be registered at one time, using the required Excel Spreadsheet format available at <http://jeffline.jefferson.edu/jeffcme/Airway/group.html>.** \*Please make sure to indicate desired conference date on the excel list for each group member. You may make substitutions up to 10 days prior to the start of a workshop by notifying the Office of CME in writing.

**Group Registration accepted by email only. Please e-mail forms to: [Christine.Yeung@jefferson.edu](mailto:Christine.Yeung@jefferson.edu)**

**Questions:** For further information, please call the Office of CME at 1-888-JEFF-CME or 215-955-6992

**Payment:** Please make check payable to **Jefferson Medical College, 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: \_\_\_\_\_

I hereby authorize use of my:  Visa  MasterCard Amount \$ \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

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