



## Individual Registration

**Register Now!**

*Practical Emergency Airway Management*  
**May 6<sup>th</sup> & 7<sup>th</sup>**

Last Name		First Name	MI
Title (Dr., Mr., Ms.)	Personal Title (II, Jr.)	Degree	Specialty
Mailing Address			
City		State	Zip
Telephone	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	Fax	Email

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.)

**Registration Deadline is April 26, 2010**

### **Registration Fees**

\$1,545 Practicing Physicians (PP)

\*Please call 215-955-6992 for group discount rate (10 or more people)

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

**To register please use one of the following options:**

**Register Online: <http://jeffline.jefferson.edu/jeffcme>**

**Fax:** You may fax this form with credit card payment to (215) 923-3212

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

**Mail:** Practical Emergency Airway Management- May  
Jefferson Medical College  
Office of CME  
1020 Locust Street, Suite M-5  
Philadelphia, PA 19107

**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 by **April 26, 2010** at 1-888-JEFF-CME or 215-955-6992.