



Register Now!

ERCP Skills: An In-depth Review with Live Observation - Thursday, December 4 2014

Male Female

Last Name _____ First Name _____ MI _____

Title (Dr, Mr, Ms) _____ Personal Title (II, Jr) _____ Degree (MD, PhD, BSN, MSN, MBA, etc) _____ Specialty _____

Affiliation/Organization/Department _____ Mailing Address _____

City _____ State _____ Zip _____

Telephone Work Home 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.)

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

Please read each of the following statements.
Your signature below indicates your understanding and compliance:

- I certify that I am not receiving funds from any commercial entity to support my travel to this course.
AND
- I understand that I will be required to complete a HIPAA Confidentiality Agreement at the beginning of the course in order to participate

Signature: _____ Date: _____

Registration Fees ***Registration Deadline is: December 1, 2014***

<input type="checkbox"/> \$125 Practicing Physicians	<input type="checkbox"/> \$125 Nurses & Nurse Practitioner	<input type="checkbox"/> \$125 Allied Health Professionals
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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
- **Mail:** ERCP Course 2014 - Office of CME; 1020 Locust Street, Suite M-5; Philadelphia, PA 19107
- **Payment:** Please make check payable to SKMC/Jefferson, 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 \$ _____

Account Number: _____ Expiration Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Billing Address (if different from above) _____

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

*If you have any special needs, please contact the CME Office by **November 28, 2014** at 1-888-JEFF-CME or 215-955-6992.*