



Register Now!

Advanced ERCP Techniques: Live Observation and Discussion

CHECK (✓) the 2012 Session You Wish to Attend ** MAIL OR FAX THIS FORM **

Thursday, March 1, 2012

Thursday, June 7, 2012

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

There are no registration fees for this course. However: PRE REGISTRATION IS REQUIRED!

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:** _____

To register please use one of the following options:

Fax: You may fax this form to (215) 923-3212

Phone: Please call the Office of CME at 1-888-JEFF-CME or 215-955-6992

Mail: **Advanced ERCP Course**
Jefferson Medical College
Office of CME
1020 Locust Street, Suite M-5
Philadelphia, PA 19107

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