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**Focused Workshop in Endoscopy - RFA/EMR Techniques:
An In-Depth Review with Live Observations and Hands-On Practice
Tuesday, February 10, 2015**

Special Opportunity!

For a limited time only, we are offering this course at a special discounted rate. **If you REFER A FRIEND**, you and your friend will both receive a \$50 Discount off the standard registration fee.

To qualify for this discount, please be sure you meet the following requirements:

- ✓ ___ Complete the registration form available below and identify a colleague *who is coming to the conference as a full paying registrant*.
- ✓ ___ Submit BOTH your registration and your colleagues registration with payment at the same time*
*registration forms must be submitted via fax at 215-923-3212 or via mail.
Subject to verification and contingent upon receipt of your colleague's registration and full payment. Discount is not available online.

You must act quickly!

This special offer will only be available until **9:00AM EST** on **Monday, February 9, 2015**.

Questions about Registering?

Contact the Office of CME at jeffersoncme@jefferson.edu or 1-888-JEFF-CME.

Register Now!

***Focused Workshop in Endoscopy - RFA/EMR Resection Techniques:
An In-Depth Review with Live Observations and Hands-On Practice
*Tuesday, February 10, 2015****

_____ 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: February 3, 2015*

<input type="checkbox"/> \$500 Practicing Physician	<input type="checkbox"/> Team Rate - 1 Physician and 1 Nurse/Allied Health Professional from the same institution - please contact the CME Office to register
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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:** RFA Workshop 2015 - 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 February 3, 2015 at 1-888-JEFF-CME or 215-955-6992.