



**Register Now!**  
***Fundamental Critical Care Support Course***  
***Campus of Thomas Jefferson University***  
**December 15-16, 2014**

Male  Female

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**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_

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**Title (Dr, Mr, Ms.)** \_\_\_\_\_ **Personal Title (II, Jr)** \_\_\_\_\_ **Degree (MD, MSN, BSN, MBA, PhD, etc)** \_\_\_\_\_ **Specialty** \_\_\_\_\_

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**Affiliation/Organization** \_\_\_\_\_ **Mailing Address** \_\_\_\_\_

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

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**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? \_\_\_\_\_

\* How did you hear about this event? \_\_\_\_\_

☎ If you have any special needs, please contact the CME Office by **December 8, 2014** at 1-888-JEFF-CME or 215-955-6992.

**Registration Fees**

***Please note registration fees do not include \$25.00 charge to ship the FCCS textbook via FedEx 2-day shipping. Textbooks will be available for pickup at the Office of CME at no additional cost.***

I would like textbook shipped to me (Please add \$25 to below registration fees).

I will pick up the textbook. *Textbooks may be picked up from the Office of CME, 1020 Locust Street, Suite M-5, Monday-Friday between 8:00AM and 4:00PM.*

<input type="checkbox"/> <b>\$350</b> Practicing Physician, Nurse or Allied Health Professional	<input type="checkbox"/> <b>\$265</b> Jefferson Spoke/Affiliate Hospitals Faculty/Staff Visit our website for a complete listing of affiliate hospitals approved for this conference. Space is limited.	<input type="checkbox"/> <b>\$100</b> Jefferson/Methodist Faculty and Staff (Physicians, Nurse, Techs, Allied Health Professionals).
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**PAYMENT:** Please make check payable to **Sidney Kimmel 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: \_\_\_\_\_ Amount \$ \_\_\_\_\_

I hereby authorize use of my:  Visa  Mastercard

Account Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Billing Address (if different from above):** \_\_\_\_\_

**To register online, please access the course website at**

**<http://jeffline.jefferson.edu/jeffcme/neurosurgery/>**

Need More Information? Please call the Office of CME at 1-888-JEFF-CME or 215-955-6992

Please submit this form via fax with payment information to 215-923-3212

OR mail to: Sidney Kimmel Medical College Office of CME – 1020 Locust Street, Suite M5; Philadelphia PA 19107