



**Register Now!**

**21<sup>st</sup> Annual PAN Philadelphia Neurosurgery Conference  
The Union League of Philadelphia  
140 S. Broad Street, Philadelphia, PA 19102  
December 4, 2009**

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

\_\_\_\_\_  
Title (Dr., Mr., Ms.) Personal Title (II, Jr.) Degree Specialty

\_\_\_\_\_  
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.)

**Registration Deadline is November 27, 2009**

**Registration Fees**

\$300 for Physicians  
\$200 for Residents, Fellows, and Allied Health Professionals

**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:** 21<sup>st</sup> Annual PAN Philadelphia Neurosurgery Conference  
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: \_\_\_\_\_

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Ⓜ If you have any special needs, please contact the CME Office by **November 20, 2009** at 1-888-JEFF-CME or 215-955-6992.