



Group Registration

Register Now!
39th Annual Course in Electrodiagnostic Medicine
101 Bluemle Life Sciences Building
February 29, 2012 – March 2, 2012

COMPANY/INSTITUTION NAME

(Main Contact Person) Last Name (Main Contact Person) First Name MI

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

Mailing Address

City State Zip

Telephone Work Home Cell Fax Email

Registration Deadline is: February 22, 2012

Group Registration Fee (for Practicing Physicians only - minimum 2 people)

\$250 per Practicing Physician

Number of registrants: _____ **TOTAL AMOUNT: \$** _____

YES, I attached the required Registration Spreadsheet

All participants must be registered at one time, using the required Excel Spreadsheet format available at <http://jeffline.jefferson.edu/jeffcme/RehabMedCME/group.html>

Group Registration accepted by email only. PLEASE E-MAIL FORMS TO: Christine.Yeung@jefferson.edu.

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

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: _____

Account Number: _____ Expiration Date: _____

Cardholder's Signature: _____

☎ If you have any special needs, please contact the CME Office by February 15, 2012 at 1-888-JEFF-CME or 215-955-6992.