



ATTENDEE REGISTRATION FORM

PROFILE

Name: _____

Designation(s): MD DO PhD NP RN RT RT(R) OTHER _____ Title: _____

Preferred Address: _____

City: _____

State: _____

Country: _____

Zip Code: _____

Office Phone: _____

Medical Center/Hospital/Institution: _____

Mobile Phone: _____

Primary E-mail: _____

Secondary E-mail: _____

Visa Letter Required: Yes No

State(s) of Professional Licensure (optional): _____

License Number (optional): _____

Pursuant to the Americans with Disabilities Act, please specify any special services you require: _____

SPECIALTY/REGISTRATION TYPE

PHYSICIAN	NURSE OR ALLIED HEALTH	INDUSTRY/OTHER	FELLOW/RESIDENT/STUDENT
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Administration	<input type="checkbox"/> Administration	<input type="checkbox"/> Cardiology
<input type="checkbox"/> Podiatry	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Engineer	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Radiology	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Industry Professional	<input type="checkbox"/> Radiology
<input type="checkbox"/> Surgery	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Sales	<input type="checkbox"/> Surgery
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Registered Vascular Technologist	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
_____	<input type="checkbox"/> Other: _____	_____	_____

REGISTRATION FEES

	EARLY REGISTRATION <i>On or Before 3/20/2018</i>	REGULAR REGISTRATION <i>3/21/2018 – 6/15/2018</i>	
Physician	\$200	\$300	* A letter from the program director on institutional letterhead (that confirms fellowship/residency status) is required in order to qualify for this rate. Please email this letter to mlescanofeher@ccmcme.com , or fax the letter to (305) 279-8221.
Nurse or Allied Health	\$175	\$225	
Fellow/Resident/Student*	\$40	\$40	
Industry/Other	\$200	\$300	

DEMOGRAPHIC INFORMATION

What contributed most to your registration?

- Online Search/Conference Website
- Personal Recommendation/Invitation
- Mailed Postcard/Brochure
- Email Advertisement
- Journal Advertisement
- Online Advertisement
- Other _____

Age Group

- Under 30
- 30-40
- 41-50
- 51-60
- 61 and over

- One Friday Dinner Ticket - \$50
- Two Friday Dinner Tickets - \$100

PAYMENT INSTRUCTIONS

1. **Check made payable to:** Complete Conference Management
2. **Mail form and check to:** Complete Conference Management, 8333 NW 53rd Street, #450, Doral, FL 33166.
3. **Registration confirmation:** Will be emailed sent by email from registration@ccmcme.com.

REGISTRATION POLICIES

For a complete list of registration policies, including cancellation deadlines, please visit www.pnec-seattle.org.

This educational activity provides training necessary for US licensed attendees to maintain state licensing requirements. The tuition for this educational activity is subsidized in part by unrestricted educational grants, including those attendees who have successfully completed the state licensing requirements for their respective fields. This subsidy is reflected in the registration fees for this activity.