

39th Biennial Meeting of the JH Medical and Surgical Association

June 8-11, 2017

To Register: By phone (credit card only): (410) 502-9634

By fax: (866) 510-7088

Or mail this form to the Johns Hopkins University, Office of Continuing Medical Education, 720 Rutland Avenue, Turner 20, Baltimore, Maryland 21205. Include eCheck or credit card information below.

PAYMENT MUST ACCOMPANY FORM TO CONFIRM YOUR REGISTRATION.

I am a speaker for this Johns Hopkins activity.

Please type or print clearly:

last name		first name		m.i.
highest degree	primary specialty		Hopkins faculty/staff only: JHED ID	
For Physicians Only:	NPI – 10 digits	State License #	State of License	
mailing address				
city	state	ZIP	country	
daytime telephone		fax number		
e-mail				

You will receive a confirmation notice and your attendance certificate by e-mail if you provide your e-mail address.

Check here if you wish to receive e-mail notices about upcoming CME activities.

Registration Fees:

- Physician CME Credit \$65
- Non-Physician CEU Credit..... \$65

The registration fee includes CME and CEU Credits Only. On-site registrations are payable only by credit card.

Total amount enclosed \$_____.

To Register for Biennial Alumni Events, please visit www.hopkinsmedicine.org/SOMreunion.

Payment Type:

JHU Faculty/Staff Only: If you are using your Tuition Remission Benefit or an ION budget, please complete this registration form and return with appropriate payment processing form to OCME, 720 Rutland Avenue, Turner 20, Baltimore, Maryland 21205.
 TR Form: <http://benefits.jhu.edu/documents/trffacandstaff.pdf>
 ION Form: <http://hopkinscme.edu/migration/IonRequest.pdf>

eCheck: Routing Number: _____ Account Number _____
 Credit Card: VISA MASTERCARD DISCOVER AMEX
 Card # _____ Exp. Date _____

 Name on Card Signature Date