**2012 Primary Care Review Course**

**SEMINAR REGISTRATION FORM**

December 3-7, 2012

Name: Title:

Address:

City, St, Zip:

Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Fax: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

E-Mail address:

**LICENSE INFORMATION:**

STATE LICENSE # STATE LICENSE # STATE LICENSE #

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I agree to the conditions of this program

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*Signature*

**Please indicate the location you wish to attend (choose one):**

*(Lectures will be conducted via interactive videoconferencing; most lectures will originate in Miami, FL and St. Petersburg, FL)*

* Miami, FL location
* St. Petersburg, FL location
* St. Croix, VI location

**REGISTRATION FEES (choose one):**

* Clinicians…………………………………………………………………………**$400.00 (USB included)**
* Non-Barry University PA Students  
       (must provide copy of student ID or equivalent)……….**$50.00 (USB included)**
* Barry PA Program Current Students……………………………….**FREE (USB NOT included)\***
* Barry University Alumni**……………………………………………….FREE (USB NOT included)\***
* Barry Adjuncts & Preceptors  
       (active in past 12 months)**……………………………………….FREE (USB NOT included)\***
* Governor Juan F. Luis Hospital Medical Staff**………………..FREE (USB NOT included)\***

**\*If you wish to purchase course syllabus on USB flash drive, please check the box below:**

* Course syllabus on USB flash drive…………………………………**$20.00**

**PAYMENT BY CREDIT CARD:**

**(PLEASE CIRCLE ONE)**

American Express Visa MasterCard

Amount: $ Exp. Date:

Credit card #:

Name/address/zip-of card:

Access Code (3-4 digit #):

*Authorized Signature*:

**PAYMENT BY CHEK:**

I have enclosed my check, **payable to BUSPM**, in the amount of $

**Please send check to:**

Barry University

Continuing Medical Education

Attn: Solange Brinson

11300 NE 2nd Ave

Miami, FL 33161

C:\Users\sbrinson\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\RCFQ1696\MC900229829[1].wmf Please indicate any special needs you may have. We will contact you regarding your requirements:

## **Instructions for submitting your registration:**

Fully complete your registration, then fax to 305-899-6106 or send via mail to:

Barry University

Continuing Medical Education

Attn: Solange Brinson

11300 NE 2nd Ave

Miami, FL 33161

**If you do not receive a confirmation within 48 hours, please give us a call at 305-899-3266 as this could indicate that we did not receive your registration.**